** PUBLIC DISCLOSURE COPY **

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)

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.

Open to Public Inspection

OMB No. 1545-0047

<u>A F</u>	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and o	ا ending	UN 30, 2017			
В	heck if pplicable	C Name of organization DETROIT EDUCATIONAL TELEVISION		D Employer identific	eation number		
Γ	Addres			1			
	Name change	DEMPOTE DUDI TO MY MOOT OO	9 FM.	1 38-14	440200		
F	Initial return		Room/suite	E Telephone number			
	Final return/	1 CLOVER COURT	rtoonii, suito	(248			
L	termin ated			G Gross receipts \$	18,508,929.		
	Amend			H(a) Is this a group re			
	Application	· · · · · · · · · · · · · · · · · · ·	RG		?Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in			
1 7	ax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	7	list. (see instructions)		
		e: ► WWW.DPTV.ORG		H(c) Group exemption			
K	orm of	organization: X Corporation Trust Association Other ▶	L Year		State of legal domicile: MI		
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: SHARI	E THE	POWER OF MEI	OIA TO		
Activities & Governance		FOSTER KNOWLEDGE AND UNDERSTANDING BY: (1		JIDING OUTST			
E G	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
ě	3	Number of voting members of the governing body (Part VI, line 1a)			43		
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			40		
ν. O		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			133		
ı it ie		Total number of volunteers (estimate if necessary)			923		
Ė	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	47,162.		
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		16,513,418.	15,864,263.		
ž	1	Program service revenue (Part VIII, line 2g)		620,111.	1,245,416.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		83,871.	31,064.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		378,071.	488,875.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,595,471.	17,629,618.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		27,965.	44,600.		
	l .	Benefits paid to or for members (Part IX, column (A), line 4)	· · · · · · · · · · · · · · · · · · ·	0.	0.		
u)	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,506,786.	6,432,205.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,595,335.	1,077,177.		
Der	b	Total fundraising expenses (Part IX, column (D), line 25) >3,891,93	33.				
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,893,115.	10,256,051.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,023,201.	17,810,033.		
		Revenue less expenses. Subtract line 18 from line 12		-1,427,730.	-180,415.		
56				eginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)		22,352,084.	23,118,127.		
Assets	21	Total liabilities (Part X, line 26)		5,111,998.	5,833,927.		
Net	⊋	Net assets or fund balances. Subtract line 21 from line 20		17,240,086.	17,284,200		
P		Signature Block					
Unc	er pena	atties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it i		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	- · ·		
		Noline Oversel			117		
Sig	n	Signature of officer		Date			
He		▲ JOHN R WENZEL, CFO AND ASSISTANT TREAS	URER				
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	ı	Date Check	PTIN		
Pai	d	TINA M. PETERS TINA M. PETERS	lo) 9 / 29 / 17 self-employ	P00904574		
Pre	parer	Firm's name PLANTE & MORAN, PLLC		Firm's EIN ▶	38-1357951		
	Only	Firm's address 27400 NORTHWESTERN HIGHWAY					
	•	SOUTHFIELD, MI 48034		Phone no. (2	48) 352-2500		
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

SEE SCHEDULE O FOR CONTINUATION(S)

11,855,989.

832002 11-11-16

Total program service expenses

Form 990 (2016)

DETROIT EDUCATIONAL TELEVISION

Form 990 (2016) FOUNDATION
Part IV Checklist of Required Schedules FOUNDATION

		,l	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	Parker.		Ville
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		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		٠.,	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? // "Yes," complete		٠.,	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		⊢—
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		\ v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	1		х
	complete Schedule G. Part III	19 Eorn	, 000	(2016)
		rom	, 550	(CUID)

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DETROIT EDUCATIONAL TELEVISION

Form 990 (2016)

FOUNDATION

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

Note. All Form 990 filers are required to complete Schedule O

Form	990 (2016) FOUNDATION 38-1440:	200	P	age 5
Par			•	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 159			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Villa:		W.S.
2.4	filed for the calendar year ending with or within the year covered by this return 2a 133			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3000	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country:		3550	
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		 -
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Va	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		4434	330.0
	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?	7a	х	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	100	1000	1411
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
, g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		†
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.00	1000	ANSAU.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ì
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	VA SE	1100	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		I
-	Note. See the instructions for additional information the organization must report on Schedule O.		100	
b				1
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	L	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Fori	n 990	(2016

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 43			1000
-	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	****	Х
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	,		х
_		4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		Ι τ,
	persons other than the governing body?	7b	11111111	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	100,000	43393	4,6500
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9	<u> </u>	<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			T
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
,	The organization's CEO, Executive Director, or top management official	15a	x	1
	Other officers or key employees of the organization	15b	X	†
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a	established a	Х
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva	11111111	
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b	101.100	130,440,404
500	exempt status with respect to such arrangements?	IOD	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed MI	اطمانمي		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallabi	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)	<i>.</i> .	. ,	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
	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:			
	JOHN R WENZEL, CFO AND ASSISTANT TREASURER - 248-305-3701	*******		
	1 CLOVER COURT, WIXOM, MI 48393-2247			

632006 11-11-16

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.

(A)	(C) Position						(D)	(E)	(F)	
Name and Title	Average	(do	not cl	heck r	nore	than o	ne	Reportable	Reportable	Estimated
	hours per	box,	untes	ss per	son i	s both r/trust	an	compensation	compensation from related	amount of
	week							from		other compensation
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	from the
	related	9e Or	stee			nsate		(W-2/1099-MISC)	(,, = , , , , , , , , , , , , , , , , ,	organization
	organizations	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee				and related
	below	vidua	itutio	Officer	empl	hest c	Former			organizations
	line)	lad ind	isi	9,6	Ş.	Hig	Ē			
(1) MICHAEL ACHESON	0.50									_
TRUSTEE	0.00	X		<u> </u>	_			0.	0.	0.
(2) ADDELL AUSTIN-ANDERSON	1.50							_		
TRUSTEE	0.00	X						0.	0.	0.
(3) DANIEL ALPERT	40.00							40==00		04 704
ASSISTANT SECRETARY	0.00	X		X				185,520.	0.	21,724.
(4) MELODY ARABO	0.30									•
TRUSTEE	0.00	X		ļ	<u> </u>	_		0.	0.	0.
(5) GEANEEN ARENDS	1.50	ļ								•
TRUSTEE	0.00	X		ļ		ļ		0.	0.	0.
(6) KENNETH A. BANACH	40.00	١						400 540		04 004
ASST. TREASURER AND CFO	0.00	X	<u> </u>	X				180,540.	0.	24,084.
(7) JENNIFER Z. BELVEAL	0.50	ļ.,								
TRUSTEE	0.00	X		<u> </u>	ļ	-	_	0.	0.	0.
(8) MARK BERNSTEIN	0.30	١.,						_	_	
TRUSTEE	0.00	X	-	 	ļ	┡	-	0.	0.	0.
(9) MARK BOHEN	0.50	٠,,						_	_	0
TRUSTEE	0.00	X		├-	_	-		0.	0.	0.
(10) DONNA MURRAY-BROWN	1.50	١.,		x				0.	0.	^
VICE CHAIR	0.00	X		<u> </u>	-	 		V •	0.	0.
(11) TERRENCE E. BURKE	0.30	x						0.	0.	0.
TRUSTEE (12) KENNETH CLARKSON	0.00	1	┼	 		┼		0.	0.	0.
TRUSTEE	0.00	x						0.	0.	0.
(13) RAY DAY	0.30	┼≏		 				0.	V •	V •
TRUSTEE	0.00	x						0.	0.	0.
(14) SANDRA ENNIS	1.50	┢	-	-	-	╁┈	-	V •	· ·	0.
(14) SANDKA ENNIS SECRETARY	0.00	x		x	1			0.	0.	0.
(15) PATRICK FEHRING	2.00	1		╀	1	\vdash	\vdash	V .	U •	0.
TREASURER	0.00	X	1	x				0.	0.	0.
(16) JENNIFER FIORE	0.50	1	+	╀≏	╁╾	+-	-	- 0.	1	0.
TRUSTEE	0.00	x						0.	0.	0.
(17) RAINY HAMILTON	0.30	┼^	╁	╁	╁	+	 	1	1	<u> </u>
TRUSTEE	0.30	X						0.	0.	0.
IKUOISE	0.00	Γ_{V}	ــــــــــــــــــــــــــــــــــــــ	1	1		Ц.	1 0.	0.	Form 990 (2016

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Form 990 (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	hes	t Co	ompensated Employee	s (continued)	
(A)	(B)				>)			(D)	(E)	(F)
Name and title	Average	ido		Posi				Reportable	Reportable	Estimated
	hours per	ъ̀ох	(do not check more than one box, unless person is both an			s both	an	compensation	compensation	amount of
	week		fficer and a director/trustee)		(ee)	from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for related	₩ io	8			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust	•	93	suadu		(W-2/1099-MISC)		organization and related
	below		tional		ploye	yae	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	sy employee	Highest compensated employee	Former			organia.
(18) RITSCHARD P. HOMBERG	40.00			<u> </u>	_					
PRESIDENT & CEO	0.00	Х	<u>.</u>	X	ļ			325,561.	0.	44,802.
(19) ARTHUR HORWITZ	6.00									
CHAIR	0.00	X		X	<u>L</u>			0.	0.	0.
(20) JACQUELINE HOWARD	0.30			1				_		
TRUSTEE	0.00	X			<u> </u>	_	<u> </u>	0.	0.	0.
(21) JOYCE JENEREAUX	0.50							_		
TRUSTEE	0.00	X	ļ	_		ļ	.	0.	0.	0.
(22) FRANK JONNA	0.50								_	_
TRUSTEE	0.00	X	ļ	_		<u> </u>	_	0.	0.	0.
(23) STEVEN KALCZYNSKI	0.50	1		ļ						
TRUSTEE	0.00	X	$oxed{oxed}$	L		<u> </u>	ļ	0.	0.	0.
(24) CAROL KLEIN	0.50									_
TRUSTEE	0.00	X	<u> </u>	ļ		<u> </u>		0.	0.	0.
(25) BARBARA KRATCHMAN	1.50	1				1		_		_
VICE CHAIR	0.00	X		X	<u> </u>	ļ_		0.	0.	0.
(26) HANNAN LIS	2.00									
VICE CHAIR	0.00	X	J	X	<u>L</u>		<u> </u>	0.	0.	0.
1b Sub-total								691,621.	0.	90,610.
c Total from continuation sheets to Part V	II, Section A							621,983.	0.	103,254.
d Total (add lines 1b and 1c)							>	1,313,604.	0.	193,864.
2 Total number of individuals (including but	not limited to th	ose	liste	ed a	bove	e) wi	o re	eceived more than \$100	,000 of reportable	4.0
compensation from the organization										10
										Yes No
3 Did the organization list any former office	r, director, or tr	uste	e, k	ey eı	mple	oyee	, or	highest compensated e	mployee on	
line 1a? If "Yes," complete Schedule J for	such individual				• • • • •					3 X

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

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

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

5 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,	DD COD A MASTERO	0 407 010
CHICAGO, IL 60693	PROGRAMMING	2,427,010.
PHOENIX PRESS		
1775 BELLINGHAM DRIVE, TROY, MI 48083	MAIL SERVICES	475,841.
FOREST INCENTIVES		
790 JACKSONVILLE ROAD, WARMINSTER, PA 18974	SHIPPING PREMIUMS	470,639.
AMERICAN TOWER CORPORATION		
PO BOX 4247, PHILADELPHIA, PA 19170-7500	TOWER LANDLORD	301,463.
BLACKBAUD, INC		
PO BOX 930256, ATLANTA, GA 31193	DATA BASE	282,643.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization > 11		
CONTRACTOR OF CO	arata di	- 000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

Form 990 FOUNDATL									38-144	
Part VII Section A. Officers, Directors, Tr	ustees, Key En	plo	yees	s, ar	nd H	ighe	est (
(A)	(B)			(C				(O)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cł	eck	all 1	that	t apply)		compensation	compensation from related	amount of
	per					η,		from the	from related organizations	other
	week (list any	٦0.				płoye		organization	(W-2/1099-MISC)	compensation from the
	hours for	direct				map		(W-2/1099-MISC)	(***-2/ 1033-141100)	organization
	related) o a:	stee			ısateı		(** 2/ 1005 WIGO)		and related
	organizations	truste	ai tru		yee	ıa du				organizations
	below	individual trustee or director	Institutional trustee	76	Key employee	Highest compensated employee	ja ja			_
	line)	Indiv	Instit	Officer	Key	High	Former			
(27) DANIEL E. LITTLE	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(28) TONYA MATTHEWS	0.50									
PRUSTEE	0.00	X						0.	0.	0
(29) CHARLES METZGER	0.30									
PRUSTEE	0.00	X			ļ			0.	0.	0
(30) CHARLIE MORET	0.30									
TRUSTEE	0.00	Х	L					0.	0.	0
(31) TIMOTHY NICHOLSON	1.50							_		
VICE CHAIR	0.00	X		X		<u> </u>		0.	0.	0
(32) BYRON PITTS	0.30							_		
TRUSTEE	0.00	X			<u> </u>	1		0.	0.	0
(33) MELISSA ROY	0.50	l								
FRUSTEE	0.00	X		<u> </u>		_	_	0.	0.	0
(34) THOMAS C. SHAFER	5.00	l		1						_
TRUSTEE	0.00	X		┝		┡	ļ	0.	0.	0
(35) HOWARD SHERMAN	0.50	٠,,								0
TRUSTEE	0.00	X	-	⊢	╀			0.	0.	U
(36) CHRISTINE A. SING	1.50	x		x				0.	0.	0
VICE CHAIR (37) DAVID STURTZ	0.50	A	 	1		-	┢	V •	V •	U
TRUSTEE	0.00	X						0.	0.	0
(38) IRENE TASI	0.50	A	-	 	╂	1		· ·	0.	0
TRUSTEE	0.00	x						0.	0.	0
(39) DEBORAH G. TYNER	0.50	<u>* * </u>		╁	-	\vdash	 	1		
TRUSTEE	0.00	x						0.	0.	0
(40) MICHAEL WATSON	0.50	†==				十	†			
TRUSTEE	0.00	\mathbf{x}						0.	0.	0
(41) SIMON S. WHITELOCKE	0.50						Г			
TRUSTEE		x					ĺ	0.	0.	0
(42) SHAUN WILSON	0.30	1		Т		T	Г			
TRUSTEE		1x						0.	0.	0
(43) TODD WYETT	1.00									
VICE CHAIR	0.00	\mathbf{x}				L		0.	0.	0
(44) GEORGEANN HERBERT-MYERS	40.00				Г		Γ			
SVP STRATEGY AND ENGAGEMENT	0.00				\perp	X		146,620.	0.	21,067
(45) FRED NAHHAT	40.00									
SVP PRODUCTION	0.00					X	L	129,208.	0.	22,387
(46) DAVE DEVEREAUX	40.00				Γ					
• •					E	X	1	128,862.	0.	19,389

Form 990 FOUNDATIO	/IN								30-144	J <u> </u>
Part VII Section A. Officers, Directors, Tru	stees, Key En	ıplo	yees	s, ar	id H	ighe	st (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(ch		(C Posi	tion	appl	v۱	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) JAMIE WESTRICK VP BUSINESS DEVELOPMENT	40.00					х		110,492.	0.	21,181
48) JOHN MARK P ENGINERRING AND TECHNICAL OPERATI	40.00					х		106,801.	0.	19,230
PENGINERRING AND TECHNICAL OPERATI	0.00			-		^		100,801.	V •	19,230
				<u> </u>						
		<u> </u>					_			
				_						
		-				<u> </u>				
				-		<u> </u>				
		_		-		-				
	•	_	<u> </u>	ļ		<u> </u>				
						<u> </u>				
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			\vdash	+	-	-				
		1		<u> </u>	-	-	_			
		T								
		-		-		T	+-			
		+		_	\vdash	╁	\vdash			
Fotal to Part VII, Section A, line 1c		,.,						621,983.		103,25

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DETROIT EDUCATIONAL TELEVISION

Form 990 (2016) Part VIII

FOUNDATION Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns Grants 1b **b** Membership dues 254,950. c Fundraising events d Related organizations 1d 1,978,331, Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 13,630,982. 375 554 Noncash contributions included in lines 1a-1f: \$ 15,864,263 Total. Add lines 1a-1f Business Code 900099 1,245,416, 1,245,416. PRODUCTION OF PROGRAMS Program Service Revenue f All other program service revenue 1,245,416. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 44,863. 44,863, other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real 481,944. 6 a Gross rents 54,037. b Less: rental expenses 427,907. c Rental income or (loss) 427,907. 47,162, 380,745. d Net rental income or (loss) Gross amount from sales of (ii) Other 1,650. assets other than inventory b Less: cost or other basis 15,449 and sales expenses -13,799 c Gain or (loss) -13,799. -13,799. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 254,950. of including \$ contributions reported on line 1c). See 257,041, Part IV, line 18 476,590, b Less: direct expenses -219,549. -219,549 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 389,630. and allowances 333,235, b Less: cost of goods sold 56,395, 56,395 Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a MISCELLANEOUS INCOME 900099 224,122, 224,122, d All other revenue 224,122. e Total. Add lines 11a-11d 47,162. 192,260. 17,629,618. 1,525,933, Total revenue. See instructions.

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Form 990 (2016) FOUNDATION
Part IX Statement of Functional Expenses

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	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.	-	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	44 600	44 600		
	and domestic governments. See Part IV, line 21	44,600.	44,600.		nada di basa da banga di bina da ayay da ayaa Basa da aya da gaba da da ayada da ayada da ay
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			25/42/2014 - 11/2	
5	Compensation of current officers, directors, trustees, and key employees	694,345.	377,784.	150,976.	165,585.
c	Compensation not included above, to disqualified	0,1,51,01	37,7,020	250,570.	100,000
6	persons (as defined under section 4958(f)(1)) and				
	1000/-1/0/0				
7	Other salaries and wages	4,432,661.	2,307,942.	1,013,633.	1,111,086.
8	Pension plan accruals and contributions (include		2,00,,022,		
Ü	section 401(k) and 403(b) employer contributions)	156,003.	89,748.	31,203.	35,052.
9	Other employee benefits	679,903.	406,558.	136,117.	137,228.
10	Payroll taxes	469,293.	301,246.	74,490.	93,557.
11	Fees for services (non-employees):				•
a	Management				•
b	Legal	90,404.	23,783.	66,621.	
	Accounting	79,000.		79,000.	
	Lobbying	9,800.		9,800.	
е	Professional fundralsing services. See Part IV, line 17	1,077,177.			1,077,177.
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)	544,683.	487,595.	43,517.	13,571. 77,849.
12	Advertising and promotion	310,112.	232,263.		77,849.
13	Office expenses	329,111.	104,084.	87,490.	137,537
14	Information technology	418,797.	80,786.	8,218.	329,793
15	Royalties	65,616.	65,616.		
16	Occupancy	882,328.	684,288.	103,605.	94,435
17	Travel	46,266.	20,658.	12,666.	12,942
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	000 / 6=	600 600	FB 086	100 501
22	Depreciation, depletion, and amortization	880,465.	699,608.	57,276.	123,581
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, cloudin (A)				
_	amount, list line 24e expenses on Schedule 0.) PROGRAM PRODUCTION	2,795,328.	2,795,328.		
a b	DDOODAM ACOUTOTOTOM	2,730,586.	2,730,586.		
C	ODEDIA CARD / DANK PERC	363,454.	33.	131,732.	231,689
d	ALA TAIMENTANION DEDATOR C	324,397.	244,671.	32,162.	47,564
	All other expenses	385,704.	158,812.	23,605.	203,287
25	Total functional expenses. Add lines 1 through 24e	17,810,033.	11,855,989.	2,062,111.	3,891,933
26	Joint costs. Complete this line only if the organization				
ΔŪ	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2016)

DETROIT EDUCATIONAL TELEVISION FOUNDATION

arl	ΙX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	912,273.	1	616,644
		Savings and temporary cash investments	2,411,076.	2	2,466,004
		Pledges and grants receivable, net	1,707,073.	3	1,849,155
۱		Accounts receivable, net	676,170.	4	671,976
1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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		WAY	
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
2355	7	Notes and loans receivable, net	•	7	
3	8	Inventories for sale or use	12,710.	8	38,394
ı	9	Prepaid expenses and deferred charges	210,366.	9	296,249
-	10a	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D 10a 25,870,459.			
	b	Less: accumulated depreciation 10b 12,834,914.	13,/80,/23.	10c	13,035,545 2,826,243
	11	Investments - publicly traded securities	2,549,561.	11	2,826,243
۱	12	Investments - other securities. See Part IV, line 11		12	
١	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	92,132.	15	1,317,917
	16	Total assets. Add lines 1 through 15 (must equal line 34)	22,352,084.	16	23,118,127
	17	Accounts payable and accrued expenses	1,319,256.	17	1,287,153
	18	Grants payable		18	
	19	Deferred revenue	297,794.	19	107,397
	20	Tax-exempt bond liabilities	2,850,000.	20	2,565,000
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
100		key employees, highest compensated employees, and disqualified persons.		HAVE	
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	644,948.	25	1,874,377
	26	Total liabilities. Add lines 17 through 25	5,111,998.	26	5,833,927
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
G)		complete lines 27 through 29, and lines 33 and 34.		10000000	
Ě	27	Unrestricted net assets	15,507,460.	27	15,323,334
<u>8</u>	28	Temporarily restricted net assets	1,652,606.	28	1,880,846
<u> </u>	29	Permanently restricted net assets	80,020.	29	80,020
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.		l water	
t S	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et∤	32	Retained earnings, endowment, accumulated income, or other funds	15 040 000	32	40 004 000
Z	33	Total net assets or fund balances	17,240,086.	33	17,284,200
	34	Total liabilities and net assets/fund balances	22,352,084.	34	23,118,127

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Par	t 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	17,62						
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,81 -18						
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1								
5	Net unrealized gains (losses) on investments	5	22	4,5	<u> 29.</u>				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	17,28	4,2	00.				
Pai	t XIII Financial Statements and Reporting				_				
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990:								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	4166	20315	NAME:				
2a	, , , , , , , , , , , , , , , , , , , ,		2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			Verballer Verballer				
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis		AMA)	33,733	THE STATE OF				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		and the second	13,5151.5	Makk				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	200000				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche								
За	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?		<u>3a</u>		X				
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>				
			Forn	990	(2016)				

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
DETROIT EDUCATIONAL TELEVISION Empl

OMB No. 1545-0047

Employer identification number

QUID
Open to Public
Inspection

FOUNDATION 38-1440200 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. ____ 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported your gover (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

38-1440200 Page 2

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION 38-1440

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16728483.	16049991.	17474304.	16513418.	15864263.	82630459.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1				1	
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16728483.	16049991.	17474304.	16513418.	15864263.	82630459.
	The portion of total contributions						
Ü	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,						
c	Public support. Subtract line 5 from line 4.						82630459.
	etion B. Total Support	1 10 10 10 10 10 10 10 10 10 10 10 10 10	<u> </u>		1 50, 100 100 100 1		102030133.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	16728483	16049991.	17474304	16513418.	15864263	82630459.
	Gross income from interest,	20,201031	10013331	2,1,1001			020001001
•	dividends, payments received on						
	, , ,						
	securities loans, rents, royalties	710 541	552 265	651 083	566,488.	628,006.	3108383.
_	and income from similar sources	710,341.	332,203	031,003.	300,400.	020,000	3100303.
9	Net income from unrelated business						
	activities, whether or not the				65,356.	47,162.	112,518.
	business is regularly carried on				03,330.	47,102.	112,310.
10	Other income. Do not include gain						
	or loss from the sale of capital	200 222	410 757	AE1 (E2	306,227.	481,163.	2047022.
	assets (Explain in Part VI.)	300,444.	419,/5/.	431,033.	300,221.	401,103.	87898382.
	Total support. Add lines 7 through 10	The state of the s	a minimum menter			11	,155,387.
12							.,155,567.
13	First five years. If the Form 990 is for						<u> </u>
Sa	organization, check this box and stoction C. Computation of Publ	p here ic Support Pe	rcentage			•••••••	
						1 4 5 1	94.01 %
	Public support percentage for 2016 (14	
	Public support percentage from 2013					15	
168	a 33 1/3% support test - 2016. If the	-					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	stop here. The organization qualifies						
ì	33 1/3% support test - 2015. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	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						
ı	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t		•		• •		ie
	organization meets the "facts-and-cir		•	-			
<u>18</u>	Private foundation. If the organizati	on did not check a	box on line 13, 16	oa, 16b, 17a, or 17			
					Sch	edule A (Form 99)	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	ļ					
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and	ļ					
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1	1		1		
	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	16 (f) Total
	Amounts from line 6	(a) LOTE	(5) 20.0	13,23	(4) == 15	1 - 1 - 1	
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
١	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ				
	c Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	or the organization	's first, second, th	ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3) o	organization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016			column (fl)		15	%
16						16	%
	ction D. Computation of Inve						
	Investment income percentage for 2					17	%
	·	•				18	9/0
18					- 4F (4b		
19	a 33 1/3% support tests - 2016. If the						JINE 17 IS NOT
	more than 33 1/3%, check this box a						₽ □
	b 33 1/3% support tests - 2015. If th						
	line 18 is not more than 33 1/3%, ch						ization
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check t			_
					90	hadula A (Ea	orm 000 or 000-E7) 2016

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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.
- 2 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 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).
- 8 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).
- 9a 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** 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.
- c 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.
- 10a 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 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 5c 5c 7 8 8 9a 9b 9c 10a 10b		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c			Marie Length
2 3a 3b 3b 3c 4a 4b 4b 5c	1		
2 3a 3b 3b 3c 4a 4b 4b 5c			
3a	2		
3b 3c 4a 4b 4b 4c 5a 5a 5b 5c		YAKE.	VIII.
3b		1945 FB	A SAME
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5a 5b 5c 5c 7 8 9a 9b 9c 10a	4C		
5a 5b 5c 5c 7 8 9a 9b 9c 10a			
5a 5b 5c 5c 7 8 9a 9b 9c 10a			
5b 5c 7 8 9a 9b 9c 10a			
5b			
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9a 9b 9c 10a	5c	4850	1 (15.54.5)
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10a		1	
1 1	10a		

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Par	TIV Supporting Organizations (continued)		Т	
	ł	, i sa Perio	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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	WAR CAN	BOOK OF	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		****
2	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,	dilinii	desir.	MARKET .
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
		r consession	Yes	No
1	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	MARK	Think's	933000
	the supported organization(s).	1		<u> </u>
Sec	ction D. All Type III Supporting Organizations			
		11111111111	Yes	No
1	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	141343		46774
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1 - 22 - 12	
2	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			VANC
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	4 2 2 2 2	
3	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	ESSENSE.		
	supported organizations played in this regard.	3	<u> </u>	
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institute)	ructions		Т
2	Activities Test. Answer (a) and (b) below.	T2505A35A	Yes	No
а	•			
	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	SHARES.) Nation	Section .
	that these activities constituted substantially all of its activities.	2a	12372	100000
t				
	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	Activity		Aller
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	4888	A Artist	1 Milli
	trustees of each of the supported organizations? Provide details in Part VI.	3a_	1	-
k	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		A BEAG	1
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

632025 09-21-16

DETROIT EDUCATIONAL TELEVISION Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION 38-1440200 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 5 Depreciation and depletion 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 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 10 d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 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 5 5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions).

DETROIT EDUCATIONAL TELEVISION

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION 3

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

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Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s 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	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
-	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in		1	
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	LAGGO HORI ZOTO	The second secon	Schedule A	(Form 990 or 990-EZ) 2016

DETROIT EDUCATIONAL TELEVISION

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION 38-1440 200 Pa	ıge 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.)	1
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.	
·	
	<u></u>
	A-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Employer identification number

2016

FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ \$\times\$ 501(c)(\$\times\$ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules \$\times\$ 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 regulation for the regulation of the regulation o	00					
Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules						
4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF						
527 political organization	X 501(c)(3) (enter number) organization					
Form 990-PF						
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property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules						
X For an organization described in section 501(cl/3) filing Form 990 or 990-F7 that met the 33 1/3% support test of the regulation						
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 real 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, I or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ceived from					
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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 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, certify that it doesn't 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)						

Name of organization
DETROIT EDUCATIONAL TELEVISION
FOUNDATION

Employer identification number

38-1440200

Part I	À.	Contributors	(See instructions).	Use duplicate	copies of Part I	if additional space is needed.
--------	----	--------------	---------------------	---------------	------------------	--------------------------------

			T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$ 391,554.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$ <u>382,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

DETROIT EDUCATIONAL TELEVISION

EQUIPMENT OF THE PROPERTY OF THE PROPERT

Employer identification number

38-1440200

OUNDA	ATION	38	-1440200
art II	Noncash Property (See instructions). Use duplicate copies of Property	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		*	
·····			

623453 10-18-16

(a)

No.

from

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

(d)

Date received

(b)

Description of noncash property given

(c)

FMV (or estimate)

(See instructions)

\$

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) **Employer identification number** Name of organization DETROIT EDUCATIONAL TELEVISION 38-1440200 FOUNDATION 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 Part III 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 (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

2016
Open to Public Inspection

OMB No. 1545-0047

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

• 5	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
		EDUCATIONAL TEL	EVISION	Emp	loyer identification number
	FOUNDAT	ION			38-1440200
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		> 5	
Pa	rt I-B Complete if the org	janization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax				}
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	> :	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?			***************************************	Yes No
h	If "Yes." describe in Part IV.				
L	rt I-C Complete if the org				
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ				
	exempt function activities		.,,,	>	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	•	
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and er				
	made payments. For each organization contributions received that were pr	ition listed, enter the amount pai	a from the filing organi a congrete political org	zanon s iunus. Also enter ti ianization, euch as a conara	te amount of political
	political action committee (PAC). If				te segregated fund of a
		1		(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and
				funds. If none, enter -0-	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) 2016

LHA

632041 11-10-16

DETROIT EDUCATIONAL TELEVISION

Schedule C (Form 990 or 990 EZ) 2016 F Part II-A Complete if the orga	OUNDATION nization is exem	pt under section	501(c)(3) and file	38-1 d Form 5768 (ele	440200 Page 2 ction under
section 501(h)).					
		ated group (and list in	Part IV each affiliated (group member's name	, address, EIN,
expenses, and share	of excess lobbying e	xpenditures).			
B Check if the filing organization	on checked box A an	d "limited control" prov	visions apply.		
	on Lobbying Expen tures" means amou	ditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (c	rass roots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line	•	• • • • • • • • • • • • • • • • • • • •			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	****				
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or		bying nontaxable amo	11		
		the amount on line 1e.	Julii, is.		
Not over \$500,000		0 plus 15% of the exce			
Over \$500,000 but not over \$1,000,		10 plus 10% of the exce			
Over \$1,000,000 but not over \$1,50					
Over \$1,500,000 but not over \$17,0	s over \$1,500,000.				
Over \$17,000,000	Over \$17,000,000 \$1,000,000.				
0	OF0/ -4 lb 46			The end was long of the control of	
g Grassroots nontaxable amount (ente					
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					<u> </u>
if there is an amount other than zero				Γ	
reporting section 4911 tax for this y		* * 10.			Yes No
(Some organizations the		eraging Period Under		of the five columns be	elow.
(Contro organizations the		ate instructions for lin	•		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 FOUNDATION 38-14402

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)).

Eor ea	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(Ł)
	lobbying activity.	Yes	No	Amo	unt
1	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:	Visiting			
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
e	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X			,800.
j	Total. Add lines 1c through 1i	ASSESSED OF THE PROPERTY OF TH		9	<u>,800.</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	V *** V ******************************	Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	general prince			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			<u> </u>	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		111111		
-	expenses for which the section 527(f) tax was paid).		1000		
•	Current year			1	
	Carryover from last year				
	Total				
3				<u> </u>	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		70.00		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4	1	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information			**********	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part I	l·A, lines 1 :	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
<u>DE</u>	FF IS A MEMBER OF APTS ACTION, INC., A 501(C)(4) AD	VOCACY			
OR	GANIZATION WHICH IS PERMITTED TO ENGAGE IN ALL NECE	SSARY	LEGISI	ATIVE	·
LO	BBYING 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.

OMB No. 1545-0047 6 Open to Public Inspection

DETROIT EDUCATIONAL TELEVISION Name of the organization FOUNDATION

Employer identification number 38-1440200

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
<u> </u>	organization answered "Yes" on Form 990, Part IV, lin	e 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 for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose conf	ferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• • • • • • • • • • • • • • • • • • • •	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	panization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
_	▶ \$ Does each conservation easement reported on line 2(d) above	to entirity the requirements of section 170/b)//	VPVa
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	adolf 3 financial statements that describes the	organization a docounting for
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
1	Complete if the organization answered "Yes" on Forn		
	If the organization elected, as permitted under SFAS 116 (A		t and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descr		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (A)		d balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	••		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2016

Par	III Organizations Maintaining Co		Historical Tra	acurac or Othe	r Cimil	or Vecote			ge z
	Using the organization's acquisition, accession	n, and other records,	, check any of the fo	ollowing that are a si	gnificant	use of its c	ollection if	ems	
	(check all that apply):								
а	Public exhibition	d	Loan or exch	nange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further the	e organization's exe	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simila	r assets				
	to be sold to raise funds rather than to be mai	ntained as part of the	e organization's col	lection?			Yes		No
Par	IV Escrow and Custodial Arrang	ements. Complet	te if the organizatior	n answered "Yes" or	ı Form 99	90, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	ls the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	or other assets not	included				
	on Form 990, Part X?		,			L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:		į				
							Amount		
c	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been j	provided on Part XIII			,,		
	t V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	vears t	 oack
1a	Beginning of year balance	94,548.	95,751.	95,316.	147	86,391.			235.
	Contributions			, ,		· · · · · · · · · · · · · · · · · · ·			
		9,642.	-1,203.	435,	-	8,925.	<u> </u>	6 1	156.
	Net investment earnings, gains, and losses	3,032.							
	Grants or scholarships				-				
е	Other expenditures for facilities								
	and programs			<u> </u>					
f	Administrative expenses	104 100	04 540	05 251		05 216		96	201
g	End of year balance	104,190.	94,548.	I—————————————————————————————————————	<u> </u>	95,316.	<u> </u>	00,.	391.
2	Provide the estimated percentage of the curre) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment ► 7.80	%							
C	Temporarily restricted endowment ▶ 92	<u>2.20 </u> %							
	The percentages on lines 2a, 2b, and 2c shou	*							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administered for t	he organ	ization	_	т	
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
-	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumul	ated	(d) Book	value	•
	, , , ,	basis (investm		(other) d	epreciati	on			
1a	Land		2,53	9,173.			2,539	,17	73.
b	Buildings			Aman	516,	102.	8,526		
	Leasehold improvements			9,111.		522.		1,58	
	Equipment				060,		1,757		
	Other	t	·····		203,	~~~		7,78	
	I. Add lines 1a through 1e. (Column (d) must e						3,035		
10(8	i. Add imes Ta dirodgir Te. (Column (a) must e	овагонні ээр. Рап	A. COIUMIN (B), IME T	<u> </u>			,	. , .	

FOUNDATION		FO	UND	AΤ	ION	ľ
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Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" or				
	ption of security or category (including name of security)	(b) Book value	(c) Method of va	uluation: Cost or end-c	of-year market value
	ial derivatives				
	y-held equity interests	····			
(3) Other					
(A)					· · · · · · · · · · · · · · · · · · ·
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VII	II Investments - Program Related.				
	Complete if the organization answered "Yes" or				
	(a) Description of Investment	(b) Book value	(c) Method of va	aluation: Cost or end-	of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·		
(2)					
(3)					
(4)					<u> </u>
(5)					
(6)					
(7)		<u> </u>			
<u>(8)</u> (9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX		• • • • • • • • • • • • • • • • • • • •			
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990, I	Part X, line 15.	
	(a) L	Description			(b) Book value
(1) C	OST TO OBTAIN				1,317,917.
(2)					
(3)					
(4)					
(5)					
(6)		····			
<u>(7)</u>					
(8)					
(9)					1,317,917.
Part X	olumn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.	15.)	4		1. 1 2 2 2 2 2 2 2 4 7 4
Larry	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form	1990 Part Y line 25	
4	(a) Description of liability	5/11 0/11 000, 1 are 14,	(b) Book value		
1. (1) Fo	ederal income taxes				
	57B DEFERRED COMPENSATION	1	148,395.		
	NEARNED GIFT ANNUITY		129,263.		
	QUIPMENT LIABILITY		353,659.		
	RANTS PAYABLE		1,167,917.		
	OND ISSUE COSTS		75,143.		
(7)					
(8)					
(9)					
Total.	olumn (b) must equal Form 990. Part X. col. (B) line	25.)	1,874,377.		

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) 2016

Par	Reconciliation of Revenue per Audited Financial Statem		Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	<u></u>		40 000 000
1				1	18,977,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	004 500		
а	Net unrealized gains (losses) on investments		224,529.		
b	Donated services and use of facilities	1 1			
C	Recoveries of prior year grants		1 100 406		
d	Other (Describe in Part XIII.)		1,123,436.	TO THE STATE OF	1 247 065
е	Add lines 2a through 2d			2e	1,347,965. 17,629,618.
3	Subtract line 2e from line 1			3	17,029,010.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4 -	n
C	Add lines 4a and 4b			4c	17,629,618.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Fynenses ner R	5 etur	
Fai			iii Experises per 11	o tarr	· 1 •
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	18,933,469.
1	Total expenses and losses per audited financial statements			1 (NSC)	10,933,4031
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
a	Donated services and use of facilities				:
b	Prior year adjustments	1			
r C	Other losses	***	1,123,436.	Y	
d	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	1,123,436.
е 3	Subtract line 2e from line 1			3	17,810,033.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			\$1555	
-	Investment expenses not included on Form 990, Part VIII, line 7b	42			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	17,810,033.
	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1	b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac				
PA	RT V, LINE 4:				
		"	TRANKS SUIDON	mmm	727 27777
TO	PROVIDE A PREDICTABLE STREAM OF FUNDING '	ro PROC	JRAMS SUPPOR	TRD	BY THE
T-13-T-	OUTS CONTROL OF THE O				
<u>EN</u>	DOWMENT FUND.				
ъл.	RT X, LINE 2:				
FA	XI A, DINE 2.				
IN	MARCH 2015, THE AICPA RESCINDED TECHNICAL	L PRAC	FICE AID 525	0.1	5. AS A
RE	SULT, THE DISCLOSURE OF OPEN TAX YEARS AN	D UNCE	RTAIN TAX PO	SIT	IONS IS
ON	LY REQUIRED WHEN AN ENTITY HAS MATERIAL U	NCERTA	IN TAX POSIT	ION	S. AS
DP	TV DOES NOT HAVE ANY MATERIAL UNCERTAIN T	AX POS	ITIONS, THE	DIS	CLOSURE
	S NOT BEEN INCLUDED IN THE AUDITED FINANC				
	RT IV, LINE 11F HAS BEEN ANSWERED "NO."				
<u> </u>	TAL TAL TITLE TOTAL INDIGITIES 1404				

Schedule D (Form 990) 2016 FOUNDATION Schedule D (Form 990) 2016 FOUNDATION	38-1440200 Page 5
Part XIII Supplemental Information (continued)	MAAAA, MAAAA, MAAAAA
PART XI, LINE 2D - OTHER ADJUSTMENTS:	245 774
NON-CASH (NON-PROPERTY) CONTRIBUTIONS	245,774.
RENTAL EXPENSE	54,037.
SPECIAL EVENT EXPENSES	476,590.
COST OF GOODS SOLD	333,235.
DISPOSAL OF ASSET	13,800.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,123,436.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	54,037.
SPECIAL EVENT EXPENSES	476,590.
COST OF GOODS SOLD	333,235.
NON-CASH (NON-PROPERTY) CONTRIBUTIONS	245,774.
DISPOSAL OF ASSET	13,800.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,123,436.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

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

Name of the organization		UVT G T ON			Employer identific	ation number
DETROIT EDUCATION	NAL TELE	VISION			38-1440200	1
FOUNDATION Port General Infor	mation on A	stivities Out	side the United States. Comple	A - 16 Ala		
		Minities Ont	side the Officed States. Comple	ite ir the organ	ization answered in	es on
Form 990, Part IV		maintain raaara	ls to substantiate the amount of its gra	nte and other	ecietance	
•	•		he selection criteria used to award the		· · · · · · · · · · · · · · · · · · ·	Yes No
the grantees engining to	in the grants or a	ssistance, and t	tie selection criteria used to award the	grants or assis		165140
O For grantmakera Decer	iha in Dart V tha	organization's r	procedures for monitoring the use of its	grants and of	har seeletanca outeir	le the
For grantmakers. DescriptionUnited States.	ibe iii Fait V trie	organization s p	procedures for morntoning the dae of its	grants and or	nor assistance outsit	
	e following Part	l line 3 table ca	n be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) riegion	offices	emplovees.	(by type) (such as, fundraising, pro-	, ,	gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	specific type	for and investments
	_	contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
NORTH AMERICA -		in the region				
CANADA AND MEXICO,						
BUT NOT THE UNITED			FUNDRAISING PROGRAM	FUNDRAISING	F PRODUCT	
STATES	0	0	SERVICES	SALES, PROC	•	0.
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	3	0.
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,			FUNDRAISING, PROGRAM	FUNDRAISING	, PROGRAM	
AUSTRIA, BELGIUM	0	0	SERVICES	SERVICES, I	PROGRAM RIGHTS	80,000.
	[1			
	,		1			
	0	0				80,000.
3 a Sub-total	0					80,000.
b Total from continuation	0	0				0.
sheets to Part I	U	<u> </u>				
c Totals (add lines 3a						

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

Schedule F (Form 990) 2016

Page 2

38-1440200

FOUNDATION

Schedule F (Form 990) 2016

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

	f recipient organization the grantee or counse	ns listed above that are related a section	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	foreign country, r	ecognized as tax-exe	empt by		
3 Enter total number of	Enter total number of other organizations or entities	or entities					Schec	Schedule F (Form 990) 2016

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Page 3

38-1440200

FOUNDATION Schedule F (Form 990) 2016

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.

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of cash grant cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

	DETROIT EDUCATIONAL TELEVISION		
	ule F (Form 990) 2016 FOUNDATION	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	<u> </u>	{ -
	Corporation (see Instructions for Form 926)	Yes	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2016

Schedule F	(Form 990) 2016 FOUNDATION	38-1440200	Page 5
Part V	(Form 990) 2016 FOUNDATION Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting met (estimated number of recipients), as applicable. Also complete this part to provide any additional info	hod); and Part III, column (c)	
	(estimated fiditibe) of feoipleins), as applicable. Also complete this part to provide any additional line	Smaron. Gee maraganis.	
			
		·	
<u> </u>			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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.

Open to Publ

Name of the organization DETROIT EDUCA

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number

OMB No. 1545-0047

38-1440200

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants a X Mail solicitations f X Solicitation of government grants X Internet and email solicitations c X Phone solicitations g X Special fundraising events d X In-person solicitations 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? X Yes ___ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) ACD DIRECT, INC. - PO BOX Yes No 160,597 2,587,188. 1526, LAYTON, UT 84041 PULL SERVICE CALL CENTER Х 2,747,785. PHOENIX PRESS INC - 1775 MAIL SERVICES 2 210 616 475,841 1,734,775. BELLINGHAM, TROY, MI 48083 X BLACKBAUD INC - PO BOX 930256, ATLANTA, GA 31193 WEB SERVICES х 984,436 282,643 701,793. INFOCISION MANAGEMENT CORP -TELEMARKETING/MAIL SERVICE 325 SPRINGSIDE DRIVE, AKRON CENTER х 169,509 125,689 43,820. DMW WORLDWIDE - 36 CORDAGE DIRECT MAIL SERVICE AND PARK CIRCLE, PLYMOUTH, MA DESIGN Х 63,893, 15,803, 48,090. DONOR DEVELOPMENT STRATEGIES 899 LOGAN STREET, SUITE SOLICITATION/EVENT Х 22,056 573 21,483. CDP - 899 LOGAN STREET, SUITE 7,794 7,931. -137. 300, DENVER, CO 80203 MAIL SERVICES X NEXT GENERATION FUNDRAISING 1235 WESTLAKES DRIVE, SUITE 0 8,100 -8,100. MAIL CONSULTING х 1,077,177. 6,206,089. 5,128,912. 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. ΜI

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990 EZ) 2016 FOUNDATION

38-1440200 Page 2

Pai	t l		_			
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
				KIDS CLUB	(0) 0 2 1 3 1 0 7 0 1 1 0	(d) Total events
			PEFORMS LIVE		4	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	200,206.	79,725.	232,060.	511,991.
LL.	2	Less: Contributions	150,500.	44,000.	60,450.	254,950.
	3	Gross income (line 1 minus line 2)	49,706.	35,725.	171,610.	257,041.
	4	Cash prizes				
Ş	5	Noncash prizes				
bense	6	Rent/facility costs	76,999.	8,247.	26,017.	111,263.
Direct Expenses	7	Food and beverages			23,662.	23,662.
	8	Entertainment	76,352.	29,789.	97,632.	203,773.
	9	Other direct expenses				137,892.
	10	Direct expense summary. Add lines 4 through				476,590.
	11	Net income summary. Subtract line 10 from li				-219,549.
Pa	rt	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T-			-
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ŗ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	7 Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)		>	
	ls	ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	11 '	"No," explain:				
		ere any of the organization's gaming licenses re			c year?	Yes No
2000	P2 0	9-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 FOUNDATION	38-1440200 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
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	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
132 Does the organization have a contract with a third party from whom the organization receives gaming revenue:	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the an	nount
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 spen	t 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	l Part III, fines 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 FUNDRA	AISERS:
(I) NAME OF FUNDRAISER: ACD DIRECT, INC.	
(I) ADDRESS OF FUNDRAISER: PO BOX 1526, LAYTON, UT 84041	
(1) ADDRESS OF TONDESTIDER. TO DON 1320, ENTION, OF 04041	
(I) NAME OF FUNDRAISER: PHOENIX PRESS INC	
(1) WHE OF FORDINATORN, INCOMIN INDO INC	
(I) ADDRESS OF FUNDRAISER: 1775 BELLINGHAM, TROY, MI 48083	
(T) MAKE OF TURBERTON OF ACTES TO	
(I) NAME OF FUNDRAISER: BLACKBAUD INC	do C (Form 900 or 900 E7) 0040
632083 09-12-16 Schedu	ile G (Form 990 or 990-EZ) 2016

(I) NAME OF FUNDRAISER: DMW WORLDWIDE

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

(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 (\$511,991) AND LINE 10, DIRECT EXPENSES

(\$476,590), OR \$35,401 NET PROFIT.

THE FOLLOWING ITEMS ARE REPORTED IN COMPLIANCE WITH THE INSTRUCTIONS

FOR SCHEDULE G:

Schedule G (Form 990 or 990-EZ)

Schedule G (Form 990 or 990-EZ) FOUNDATION	38-1440200	Page 4
Part IV Supplemental Information (continued)		
LINE 1, GROSS RECEIPTS - \$511,991 - REPRESENTS TOTAL RECEIPTS	FROM THE	<u></u>
EVENTS.		
LINE 2, CHARITABLE CONTRIBUTIONS - \$254,950 - REPRESENTS AMOU	UNT	
REQUIRED BY THE IRS TO BE ACKNOWLEDGED TO DONORS AS CONTRIBU	rions.	
LINE 3, GROSS INCOME - \$257,041 - REPRESENTS PAYMENTS BY DONG	ORS FOR	
VALUE RECEIVED.		
LINE 10, DIRECT EXPENSE SUMMARY - \$476,590 - COSTS INCURRED	IN	
CONNECTION WITH FUNDRAISING EVENTS.		

	<u> </u>	
	MANUFACTURE TO THE PARTY OF THE	
		

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.

2016 Open to Public

Inspection

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

Schedule I (Form 990) (2016) **≗** Employer identification number 38-1440200 (h) Purpose of grant or assistance PROMOTE PROGRAMMING PROMOTE PROGRAMMING X Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ó ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 10,000 (d) Amount of 10,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table DETROIT EDUCATIONAL TELEVISION (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 74-1670740 501(C)(3) 31-6025986 501(C)(1) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization or government TX 77253-3626 9010 WOODY HAYES DRIVE Name of the organization COLUMBUS, OH 43210 HOUSTON PUB IV P.O. BOX 3626 HOUSTON, Parti Part II ო

FOUNDATION

Page 2

38-1440200

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. Schedule I (Form 990) (2016)

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. GRANTS ARE AWARDED TO SUPPORT PROMOTIONAL RESOURCES FOR PROGRAMS IN LOCAL STATIONS (d) Amount of non-cash assistance MARKETS, AS INCENTIVES TO BROADEN THE REACH OF THE PROGRAM. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance LINE 2: PART I,

TO RECEIVE

PROVIDE AFFIDAVITS OF PROGRAM AIRING WITH INVOICES IN ORDER

PAYMENT OF GRANT

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990. Inspection ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number

38-1440200

OMB No. 1545-0047

			Yes	No
1a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	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 on line 1a?	2	Х	
			I A A	
3	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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а		4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	[,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:		Villa	
а	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ī	contingent on the net earnings of:		7000 to 7000 to	
а		6a		Х
	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.	1,1750 21450		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	1	Х
8	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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Will	1,500	
•	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2016

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

38-1440200

Schedule J (Form 990) 2016

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 aren't 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.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	STILLE	(a),(i)(a)	reported as deferred on prior Form 990
(1) DANTEL ALPERT	[5	183.000.	0	2,520.	0.	21,724.	207,244.	0
ISTANT SECRETARY	2 6	0.	0.	0	0.	0.	0.	0.
ACE	9	180,000.	0.	540.	0.	24,084.	204,624.	0.
r. TREASURER AND CFO	: @	0.	0	0.		•0	- 1	0.
RG	Ξ	314,675.	0	10,886.	18,00	26,802.	370,363.	0
SIDENT & CEO	: (0	0	0.		0.		0
HERBERT-MYERS	9	145,407.	0.	1,213.	0.	21,067.	167,	0.
STRATEGY AND ENGAGEMENT	3	0	0.	.0	0			• 0
	ε	128,544.	0.	664.	0.	22,387.	151,59	• 0
SVP PRODUCTION	€	0.	0.	0.	0.	0.	0	0.
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38-1440200

Page 3

Schedule J (Form 990) 2016 FOUNDATION
Part III | Supplemental Information

•	nformation.	
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	ete this part for	
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	, 5b, 6a, 6b, 7, and 8, and	
	, 4b, 4c, 5a, 5b	
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ITS FROM THE									Schedule J (Form 990) 2016
PART I, LINE 1A: THE PRESIDENT/CEO RECEIVED HEALTH/SOCIAL CLUB DUES BENEFITS FROM THE	ORGANIZATION AND THEY WERE TREATED AS TAXABLE BENEFITS.								

(Form 990)
Department of the Treasury Internal Revenue Service SCHEDULEK

Supplemental Information on Tax-Exempt Bonds

2016 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 38-1440200 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
∴h to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. DETROIT EDUCATIONAL TELEVISION ▶ Attach to Form 990. FOUNDATION Name of the organization

Part Bond issues									-	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose		(g) Defeas	(g) Defeased (h) On behaff (i) Pooled of issuer financing	oehalf (i) uer fir	(i) Pooled financing
							Yes No	o Yes	No Yes	S No
A MICHIGAN STRATEGIC FUND	52-1417332	5946928H1	90/08/90	10370000.	SEE PART V		×		×	×
						ı				
A										
O										
c										
Part II Proceeds										
			7 805	000	В	O			۵	
Amount of bonds retired				-						
2 Amount of bonds legally defeased 3 Total proceeds of issue			10,370	,000,						
Proceeds in refunding escrows				- 1						
7 Issuance costs from proceeds		***************************************	171	,386.						
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds			ı	ľ						
10 Capital expenditures from proceeds			10,198	,614.						
11 Other spent proceeds										
12 Other unspent proceeds	***************************************			-						
Year of substantial completion			20	2005						
			Yes	No Yes	No.	Yes	S.	Yes		2
14 Were the bonds issued as part of a current refunding issue?	unding issue?			×						
15 Were the bonds issued as part of an advance refunding issue?	refunding issue?		,	×						
16 Has the final allocation of proceeds been made?	e?	***************************************	×							
1	support the final allocation	of proceeds?	×							
ΙŒ							-			
			A		8	O			۵	
1 Was the organization a partner in a partnership, or a member of an	p, or a member of an	LLG,	Yes	No Yes	No	Yes	S.	Yes	_	No
which owned property financed by tax-exempt bonds?	t bonds?			×						
2 Are there any lease arrangements that may result in private business use of	sult in private busined	ss use of		***						

632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

bond-financed property?

Schedule K (Form 990) 2016

Page 2 % % % ĝ ŝ Yes Yes % % % % ŝ £ Yes Yes % 38-1440200 % % % ŝ 윤 Yes Yes % % % % 윈서 윈 × × M M M × × M Yes Yes × c Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was 3a Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government FOUNDATION Regulations sections 1.141-12 and 1.145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? Was the hedge terminated? Schedule K (Form 990) 2016 1.141-12 and 1.145-2? Exception to rebate? Total of lines 4 and 5 a Rebate not due yet? b Name of provider c No rebate due? c Term of hedge Part IV Arbitrage performed Ω ო ٥, N 4 S ဖ

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016 Page 3 ž ŝ ۵ Yes χes £ å ပ Yes Yes 38-1440200 ŝ ŝ TO SERVE Ω Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions FINANCE COSTS OF ACQUIRING LAND AND A 93,000 SQ. FT. FACILITY AS THE ORGANIZATION'S HEADQUARTERS AND STUDIOS 윋× 윈 × × × Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? SCHEDULE K, PART I, BOND ISSUES FOUNDATION Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2016 b Name of provider c Term of GIC

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. DETROIT EDUCATIONAL TELEVISION

Employer identification number 38-1440200

	FOUNDATION					38-1440200
Par	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) nod of determining contribution amounts
1	Art - Works of art					
	Art - Historical treasures					
	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	6	311,071.	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 (FOOD, CONCERT)	X	53	64,483.	COST	
26	Other • ()					
27	Other ()					
28	Other (1			<u> </u>	
29	Number of Forms 8283 received by the organi		- '			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29		
						Yes No
30a	During the year, did the organization receive b					
	must hold for at least three years from the dat					90- Y
	exempt purposes for the entire holding period	7				30a X
	If "Yes," describe the arrangement in Part II.			-f monotondord contribut	tions?	31 X
31	Does the organization have a gift acceptance				uons?	31 X
32a	Does the organization hire or use third parties contributions?					32a X
b	· · · · · · · · · · · · · · · · · · ·					
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	cked,	
	describe in Part II.					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Sch	edule M (Form 990) (2016)

Schedule M (Form 990) (2016) FOUNDATION	38-1440200 P	age 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a comthis part for any additional information.	, and whether the organization	•
SCHEDULE M, PART I, COLUMN (B):		
DETROIT EDUCATIONAL TELEVISION FOUNDATION IS REPORTING SC	HEDULE 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.		
	A A A A A A A A A A A A A A A A A A A	

632142 08-23-16

SCHEDULE 0

(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 Of Form 990 or 990-EZ and instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

FORM 990, PART I, DOING BUSINESS AS:
DETROIT PUBLIC TV, 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 TWO MILLION PEOPLE IN SOUTHEAST MICHIGAN AND THROUGHOUT
CANADA WATCH WTVS, DETROIT PUBLIC TELEVISION, EACH WEEK.
PUBLIC TELEVISION HAS BEEN NAMED THE MOST TRUSTED INSTITUTION IN
AMERICA FOR 14 YEARS IN A ROW. (SOURCE: MARKETING & RESEARCH RESOURCES,
JANUARY 2017).
WRCJ 90.9 FM IS LISTENED TO BY MORE THAN 135,000 LISTENERS IN SOUTHEAST
MICHIGAN EACH WEEK AND IS STREAMED WORLDWIDE ON WRCJFM.ORG.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
DETROIT PERFORMS LIVE: FROM DOWNTOWN DETROIT IN OCTOBER 2016, THE 2ND
ANNUAL LIVE TV SHOW AND WEBCAST FEATURED DETROIT PERFORMERS AND ARTISTS
IN CONCERT. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

DREAM CRUISE ROADSHOW: IN AUGUST 2016, DPTV BROADCAST LIVE FROM THE
WORLD'S LARGEST CLASSIC CAR EVENT ON WOODWARD AVENUE IN GREATER

DETROIT - 632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

DIGITAL ADVENTURE: IN NOVEMBER 2016, DPTV EXPANDED ITS DIGITAL BADGING

BROADCAST (56.2) AND ONLINE SERVICE FEATURING 24/7 PROGRAMS FOR

CHILDREN.

Employer identification number 38-1440200

PROGRAM TO INCLUDE A SERIES OF LIVE, ONLINE INTERACTIVE VIRTUAL FIELD

TRIPS, BEGINNING WITH THE DETROIT INSTITUTE OF ARTS, WHICH WERE

EXPERIENCED BY NEARLY 10,000 STUDENTS AND TEACHERS.

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."

STRENGTH IN NUMBERS: A HALF-HOUR SPECIAL FEATURING A MICHIGAN HIGH

SCHOOL TEACHER WORKING TO CLOSE THE ACHIEVEMENT GAP.

PIONEER FAMILY: ON VAN HOOSEN FARM: THIS DPTV SPECIAL TELLS THE STORY

ONE MICHIGAN FAMILY WITH FOUR FORMIDABLE WOMEN WHO DEFIED PREJUDICE AND

MADE A DIFFERENCE IN THE WORLD.

200 YEARS OF EDUCATION: DPTV PRODUCED A SERIES OF SHORT VIGNETTES IN

COOPERATION WITH THE UNIVERSITY OF MICHIGAN TO CELEBRATE THE

BICENTENNIAL.

PBS KIDS: ON ITS MAIN CHANNEL, 56.1, 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. THIS SERIES ALSO PRODUCED ON-LOCATION LIVE "ROADSHOWS" ABOUT

EDUCATION AND ELECTION ISSUES.

PEOPLE CAN COLLECT ELECTRONIC "BADGES" TO ADVANCE LEARNING THROUGHOUT

THE SUMMER. THIS INCLUDED SEVERAL PUBLIC EVENTS IN FY 2017.

632212 08-25-16

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 THE QUESTIONNAIRES ARE REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES

632212 08-25-16

Employer identification number 38-1440200

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 HUMAN RESOURCES DEPARTMENT, 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.

SCHEDULE R (Form 990)

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.

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 38-1440200

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

DETROIT EDUCATIONAL TELEVISION FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

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

Part

MAZZ EDUCATIONAL RADIO DETROIT CLASSICAL AND Direct controlling entity Ξ 5,573, LLC End-of-year assets <u>e</u> 0 Total income Ð Legal domicile (state or foreign country) MICHIGAN Primary activity EMPLOYEE LEASING Name, address, and EIN (if applicable) RADIO SERVICES LLC - 81-5064486 of disregarded entity 2301 WEST BIG BEAVER, STE 900 48048 TROY, MI

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. Part II

,							,			
(g) Section 512(b)(13) controlled entity?	S.									
Section 5 contr ent	Yes									
(f) Direct controlling entity							A STATE OF THE STA			
(e) Public charity status (if section	501(c)(3))									
(d) Exempt Code section										
(c) Legal domicile (state or foreign country)										
(b) Primary activity		Listanian de la constanta de l								
(a) Name, address, and EIN of related organization	9			THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE	THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY	THE RESIDENCE OF THE PROPERTY	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE	The state of the s	TOTAL	The state of the s

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

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Schedule R (Form 990) 2016

Page 2

38-1440200

FOUNDATION Schedule R (Form 990) 2016

Part

General or Percentage managing ownership partner? 3 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. 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No Disproportionate allocations? Ξ Share of end-of-year assets 9 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization

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. Part IV

Organizations dealed as a corporation of took during the tax year.	uning the tax year.								
(a)	(q)	(0)	(P)	(e)		(6)	Ξ		- 5
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	୍ଦି	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?)(13) olled ty?
		country)		or trust)		dssets		Yes	N _o
VISION COMMUNICATIONS, INC 38-2418615			DETROIT						
1 CLOVER COURT	[]		EDUCATIONAL						
WIXOM, MI 48393	COMMUNICATIONS	MI	TELEVISION	C CORP	.0	0.	100%	×	
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THE PROPERTY OF THE PROPERTY O									
THE REAL PROPERTY OF THE PROPE									
A CONTRACTOR OF THE PROPERTY O									
							i		
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Page 3

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

A LABORATORY CONTROL OF LABORATORY CONTROL O				_
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	s with one or more rel	ated organizations listed	in Parts II-IV?	
- Beceint of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				1a X
		, . , , . , , . , , , , , , , , , , , ,		¥
b Giff, grant, or capital contribution to related organization(s)				
c Gift, grant, or capital contribution from related organization(s)				
d Loans or loan quarantees to or for related organization(s)				1d ×
Loans or loan distrantees by related organization(s)				1e X
	*,			
				*
f Dividends from related organization(s)				
g Sale of assets to related organization(s)				1g A
h Purchase of assets from related organization(s)				1h ×
Exchange of assets with related organization(s)				1i X
				;
J Lease of facilities, equipment, of other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				
 Performance of services or membership or fundraising solicitations for related organization(s) 	nization(s)			T ×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			- tm
Sharing of facilities equipment mailing lists or other assets with related organization(s)	on(s)			th X
	(A)			
Sharing of paid employees will related organization(s)				
p Reimbursement paid to related organization(s) for expenses				₽
 Reimbursement paid by related organization(s) for expenses 				1g
Other transfer of cash or property to related organization(s)				1s
ا،،				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	involved
	type (a-s)			
The state of the s				
(1)		***************************************		***************************************
(2)				
(3)			List and the state of the state	***************************************
(4)				
(5)				
(4)			Lodgo	Schodiile B (Form 990) 2016
632163 09-06-16	27		No.	IC D (I VIIII JVV) EV 17

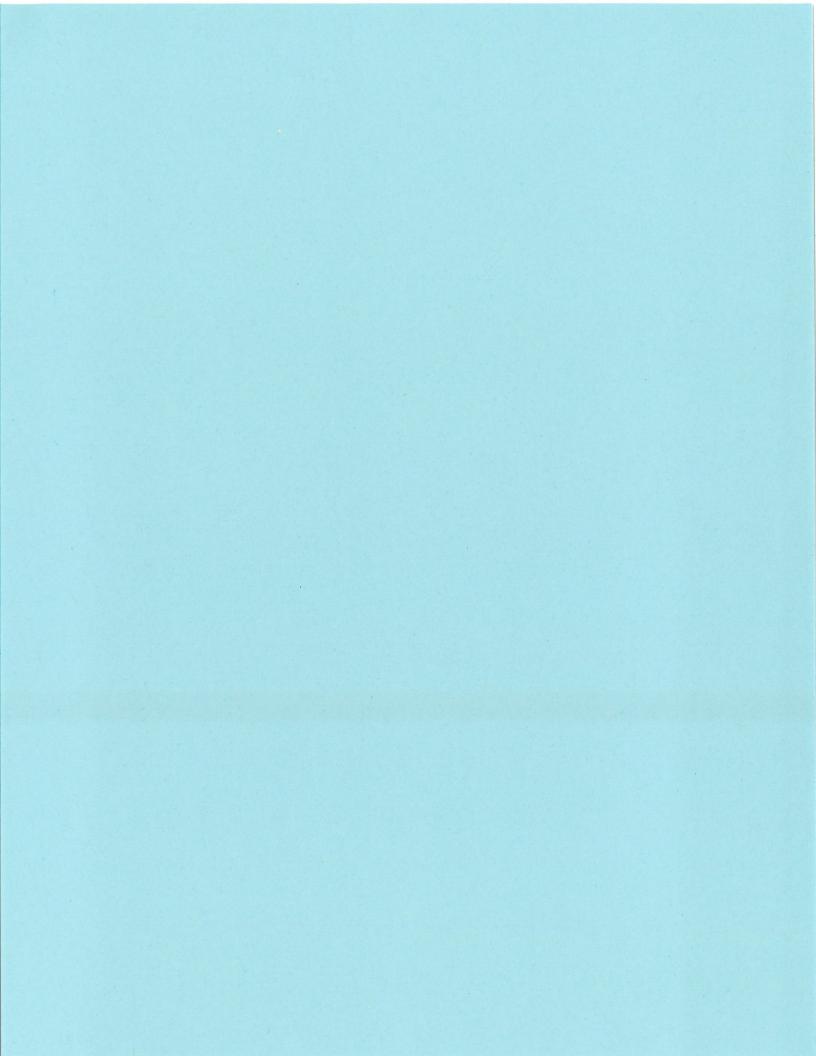
Schedule R (Form 990) 2016

FOUNDATION

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.

that was not a related organization. See Instructions regarding exclusion to certain investment part uters inpos	Structions regarding exclus	Oct for certain nive	Sulferit partifersings.	3	9	(5)	3	8	e	(k)
(a)	(a)	j)	D .	ye sa			(11)	(a)		() () () () () () () () () () () () () (
Name, address, and EIN of entity	Primary activity	g. %	Predominant income (related, unrelated, excluded from tax under	501(c)(3) 5018s.?		Ħ	tionate tionate allocations?	tionate amount in box 20 mallocations? of Schedule K-1	managing partner?	managing ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
									+	
							-			
									-	
	•									
									-	
									_	
									1	
								Schodulo	(ii)	Schedule B (Form 990) 2016
								CCERCENT	5 -	2007 5010



Pose and center Services Pose and center SSM members on this form as it may be made a peblic if year organization is a \$61(tot)	Form 990-T	E	Exempt Orgai		ines	ss Income T	ax Retur	n	OMB No. 1545-0687
Legislation		l _					חר חר זה	1 77	0040
De not cells SSM numbers on his form as it may be made upide if your appariation is a 501(kg)		For ca						<u>-</u>	2016
Brane of organization (Department of the Treasury Internal Revenue Service	╽				•	=').	
Becken Service Serv			Name of organization (Check box if name cl	hanged	and see instructions.)		D Empk (Empl	loyees' trust, see
Second S	B Exempt under section	Print	li .					3	8-1440200
ABAR Solid				or suite no. If a P.O. box	c see in	structions.		E Unrela	ated business activity codes
Social WIXOM, MI 48393 \$32420 \$515100 \$23) Type			•			(300 //	not deticns.)
23 3.14 3.12 3.1			1 -		r foreigr	postal code		532	420 515100
23.118.127. Gacket organization type X 301(e) corporation 301(e) triest 301(e) tr	C Book value of all assets	F Grou	p exemption number (See i	nstructions.)	>			•	
Durling the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes	23,118,127.				1	501(c) trust	401(a) trus	t [Other trust
Durling the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes	H Describe the organizati	on's prim	ary unrelated business acti	vity. FACILIT	IES	AND PRODUC	TION EQU	PMEN	NT RENTALS
The books are in care of JOHN MENZEL CFO AND ASSISTANT Trelephone number 248 - 305 - 3701				•					
Repair	If "Yes," enter the name	and iden	tifying number of the parer	it corporation. 🕨					
1s Gross receipts or sales b Less returns and allowances cost of (Schedule A, line 7) 2	J The books are in care of	of 🕨 i	JOHN R WENZE	L, CFO AND A	ASSI	STANT T Teleph	one number 🕨	248-	305-3701
Description	Part I Unrelate	ed Trac	de or Business Inc	ome		(A) Income	(B) Expens	es	(C) Net
2 cost of goods sold (Schedule A, line 7)	1a Gross receipts or sa	ales							
3 Gross profits. Subtract line 2 from line 1c 3	b Less returns and all	owances		c Balance	1c				
3 Gross profits. Subtract line 2 from line 1c 3	2 Cost of goods sold	(Schedule	e A, line 7)		2		Will Will Street		
4a 4a 4b 4b 4c 4c 4c 4c 4c 4c					3				
b Not gain (loss) (Form 4787, Part II, line 17) (attach Form 4787) 4b	4a Capital gain net inco	ome (atta			4a				
Capital loss deduction for trusts					4b				
5 Rent Income (Schedule C)					4c				
Rent income (Schedule C)					5				
1	, ,				····	101,199.	54,	037.	47,162.
Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8	,				7				•
9					-				
10 Exploited exempt activity income (Schedule I) 10 11 11 12 12 12 12 13 101,199					-				
11 Advertising income (Schedule J)									
12 Other Income (See instructions; attach schedule) 12 13 101,199 54,037 47,162									
13 Total, Combine lines 3 through 12 13 101,199 54,037 47,162									
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.) Compensation of officers, directors, and trustees (Schedule K)						101.199.	54.	037.	47.162.
CExcept for contributions, deductions must be directly connected with the unrelated business income.] Compensation of officers, directors, and trustees (Schedule K) 14 15 15 15 15 16 16 16 16	Part II Deducti	ons N	ot Taken Elsewhei	'e (See instructions fo					
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 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 24 26 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 0 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 477,162. 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1 31 477,162. 32 Unrelated business taxable income bef									
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 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 24 26 Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 29 0 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 477,162. 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1 31 477,162. 32 Unrelated business taxable income bef	14 Compensation of c	officers d	lirectors, and trustees (Sch	edule K)				14	
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 24 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 25 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) 28 29 29 Total deductions, Add lines 14 through 28 29 0. 30 Unrelated business taxable income before ent operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1 31 47 , 162 . 31 Vinrelated business taxable income before specific deduction. S									
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Net operating loss deduction (limited to the amount on line 30) 132 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 133 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 134 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 134 O.	20 Unrelated historic	riuu iiiti e tayahla	income hetore net oneratio	n Ingg daduption Subtrac	t line 20			20	
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. 32 33 1,000.									<u> </u>
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.									
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line 32 34 0.								. 33	2,000.
000 T								3.4	n.
623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-1 (2016)								. 57	Form 990-T (2016)

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T	(2016) FOUNDATION		38-144	4UZUU	raye Z
Part II	I Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here See instruction	s and:			
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that o				
-	(1) \$ (2) \$ (3) \$,			
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
U	(2) Additional 3% tax (not more than \$100,000)				
_			_	35c	0.
	Income tax on the amount on line 34			300	<u> </u>
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amo			000	
	Tax rate schedule or Schedule D (Form 1041)			36	
37	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income. See instructions				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
Part I	/ Tax and Payments				
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
C	General business credit. Attach Form 3800	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
	Total credits. Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	m 8866	Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43			44	0.
	Payments: A 2015 overpayment credited to 2016			25 (157) (1 25 (157) (1	
	2016 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (Attach Form 8941)				
		431			
9	Other credits and payments: Form 2439				
	Form 4136 Other Total				
46	Total payments. Add lines 45a through 45g				
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached				
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		I .	49	0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax	-ti /	Refunded	50	
Part	Statements Regarding Certain Activities and Other Inform				
51	At any time during the 2016 calendar year, did the organization have an interest in or a signal				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organiz	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of	f the foreign c	ountry		
	here >				<u>X</u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of	, or transferor	to, a foreign trust?		X
	If YES, see instructions for other forms the organization may have to file.				
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a	and statements,	and to the best of my know knowledge	dedge and belief, i	t is true,
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules a correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which proceed	AND AS	SISTANT	May the IRS discu	uss this return with
Here	70/19/17 TREAS	SURER		the preparer show	vn below (see
	Signature of officer Date Title			instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Paid			self- employe	d	
Prepa	TINA M. PETERS TINA M. PETERS	09/29	, -		904574
Use (TO TAXIOUT C MODANT DITO	····	Firm's EIN		1357951
use (27400 NORTHWESTERN HIGHWAY		<u> </u>		
	Firm's address ► SOUTHFIELD, MI 48034		Phone no.	(248) 3	352-2500
			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rm 990-T (2016

Form 990-T (2016) FOUNDATION

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A				
1 Inventory at beginning of year				, , , , , , , , , , , , , , , , , , , ,	6		
2 Purchases	. 2		7 Cost of goods sold. Su		V. San		
3 Cost of labor	. 3		from line 5. Enter here a	and in Part I,			
4a Additional section 263A costs			line 2		7		
(attach schedule)			8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired for resale) apply to		1935	
5 Total. Add lines 1 through 4b	5		the organization?				<u></u>
Schedule C - Rent Income ((see instructions)	From Real I	Property and	Personal Property L	eased With Real Prop	oerty) 		
1. Description of property							
(1) PRODUCTION STUDIO	OS, PROD	UCTION T	RUCK AND PRODU	CTION EQUIPMEN	1T		
(2)							
(3)							
(4)							
	2. Rentreceiv	ed or accrued		A(-) D (-) (-)	d		_
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for	and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	ge 3(a) Deductions direct columns 2(a) SEE STA	and 2(b) (attach sch	edule) 2	
(1)			101,1	99.		54,0	37.
(2)							
(3)							
(4)							
Total	0.	Total	101,1	99.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)		101,1	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	54,0	37.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
			2. Gross income from	 Deductions directly contained to debt-fine 	onnected with or allo nced property	ocable	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(&) Straight line depreciation (attach schedule)	(b) Oth (attac	er deduction h schedule)	ns
(1)							
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property th schedule)	6. Column 4 divided by column 5	7, Gross income reportable (column 2 x column 6)	(column 6	able deduc x total of co a) and 3(b))	olumns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
			, , ,	Enter here and on page 1, Part t, line 7, column (A).		and on page 67, column	
Totala			.		o.		0.
Totals Total dividends-received deductions in				L			0.

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1. Name of controlled organization 2. Employer identification number 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made included in the controlling organization's gross income (1) (2) (3) (4) Nonexempt Controlled Organizations	g connected with income in column 5
identification number (loss) (see instructions) payments made included in the controlling organization's gross incom (1) (2) (3) (4) Nonexempt Controlled Organizations	g connected with income in column 5
(2) (3) (4) Nonexempt Controlled Organizations	Deductions directly connected
(2) (3) (4) Nonexempt Controlled Organizations	Deductions directly connected
(3) (4) Nonexempt Controlled Organizations	Deductions directly connected
(4) Nonexempt Controlled Organizations	Deductions directly connected
Nonexempt Controlled Organizations	Deductions directly connected
	Deductions directly connected
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	with income in column 10
(1)	
(2)	
(3)	
(4)	
Add columns 5 and 10. Enter here and on page 1, Part I, Enter here and on	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals	0.
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-aside (attach schedule)	
(1)	
(2)	
(3)	
(4)	
Enter here and on page 1, Part 1, line 9, column (A). Totals	Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)	
1. Description of exploited activity 2. Gross unvelated business income from trade or business income trade or business income 3. Expenses directly connected with production of unrelated business income from trade or business income 3. Expenses directly connected with production of unrelated business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	to 6 minus column 5,
(1)	
(2)	
(3)	
(4)	
Enter here and on page 1, Part I, line 10, col. (A). line 10, col. (B).	Enter here and on page 1, Part II, line 26.
Schedule J - Advertising Income (see instructions)	<u> </u>
Part I Income From Periodicals Reported on a Consolidated Basis	
2. Gross advertising ain or (loss) (col. 2 minus income income advertising costs col. 3). If a gain, compute costs income costs costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
	unari Gordinii 4).
(1)	
(2)	
<u>(4)</u>	
Totals (carry to Part II, line (5)) ▶ 0. 0.	0. Form 990-T (2016)

Form 990-T (2016) FOUNDATION 38-14402 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)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensatio	n of Officers. I	Directors, and	Trustees (see in	nstructions)		

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

Form 990-T (2016)

Form 4626 Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0123

Name	DETROIT EDUCATIONAL TELEVISION				Employer identification number $38-1440200$
	FOUNDATION			1449	30-1440200
	Note; See the instructions to find out if the corporation is a small corporation exempt				
	from the alternative minimum tax (AMT) under section 55(e).				
	Toyobla issama or (loss) hefers not energing loss deduction			AMERIN	46,162.
1	Taxable income or (loss) before net operating loss deduction			1	
2	Adjustments and preferences:			١,,,	
a	•			2a	
b	,			2b	
C	4 (2c	
d	Amortization of circulation expenditures (personal holding companies only)			2d	
е				2e	
f	Long-term contracts			<u>2f</u>	
g	, , , , , , , , , , , , , , , , , , , ,			29	
ħ	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
i	Tax shelter farm activities (personal service corporations only)			1	
j	Passive activities (closely held corporations and personal service corporations only)			<u>2j</u>	
k				2k	
1	Depletion			21	
F	n Tax-exempt interest income from specified private activity bonds			1	
П				<u>2n</u>	
				20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		,,	3	46,162.
4	Adjusted current earnings (ACE) adjustment:	1.1	46 160		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	46,162	-	
t	,				
	negative amount. See instructions	4b	0	• ∷	
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	46		-	
C	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				A 3 44 53
	adjustments. See instructions. Note; You must enter an amount on line 4d			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(even if line 4b is positive)	4d			
•	ACE adjustment.	_			
	 If line 4b is zero or more, enter the amount from line 4c 			N. Inc.	
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	· · · · · · · · · · · · · · · · · · ·			
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		·····	5	46,162.
6	Alternative tax net operating loss deduction. See instructions		TEMENT 3	6	41,546.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residual			4 5 5
	interest in a REMIC, see instructions			7	4,616.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on l	ine 8c):			
1	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-	Ba	0		
- 1	Multiply line 8a by 25% (0.25)	8b	0	- ∷	
1	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control			Net	40.000
	group, see instructions). If zero or less, enter -0-				
9	Subtract line 8c from line 7. If zero or less, enter -0-	_			
10	Multiply line 9 by 20% (0.20)			10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions			1	
12	Tentative minimum tax. Subtract line 11 from line 10				
13	Regular tax liability before applying all credits except the foreign tax credit			13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her				0.
114//	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return For Panerwork Reduction Act Notice, see separate instructions.	1 .,	***************************************	14	Form 4626 (2016)
1111/	rui faugiwur nguburur ari mbure. See sedalak iiishuchuis.				FULL 4020 (2U (0)

Adjusted Current Earnings (ACE) Worksheet

The state of the s	► See ACE Worksheet Inst	ructions.	<u> </u>			
Pre-adjustment AMTI. Enter the amount from	line 3 of Form 4626		1	46,162.		
2 ACE depreciation adjustment:	III.O O OET OTTE 402.0		10000	20,202		
454T 5 111		2a				
b ACE depreciation:						
	Ob (43)					
(1) Post-1993 property						
(2) Post-1989, pre-1994 property						
(3) Pre-1990 MACRS property						
(4) Pre-1990 original ACRS property	2b(4)					
(5) Property described in sections			\$45.54 \$45.54			
168(f)(1) through (4)						
(6) Other property		SENSON.				
(7) Total ACE depreciation. Add lines 2b(1	- · · · · · · · · · · · · · · · · · · ·	2b(7)	7555			
c ACE depreciation adjustment. Subtract line 2b			<u>2c</u>			
3 Inclusion in ACE of items included in earnings	s and profits (E&P);	1 1				
		3a				
b Death benefits from life insurance contracts						
e All other distributions from life insurance con			114414			
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)		<u> 3e </u>				
f Total increase to ACE from inclusion in ACE of	f items included in E&P. Add lines 3a thro	ough 3e	3f			
4 Disallowance of items not deductible from E8	P:					
a Certain dividends received	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4a				
b Dividends paid on certain preferred stock of public util	lities that are deductible under section 247 (as					
affected by P.L. 113-295, Div. A, section 221(a)(41)(A),	Dec. 19, 2014, 128 Stat. 4043)	4b				
c Dividends paid to an ESOP that are deductible	e under section 404(k)	4c				
d Nonpatronage dividends that are paid and de-						
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			4f			
5 Other adjustments based on rules for figuring						
	,	5a				
h. Ol-suiskissa sunsandikuuss		r.				
65 tw- 15						
A LIEO formation addition results						
lantallarest seles		F				
f Total other E&P adjustments. Combine lines	Sa through Sa	06	E.			
6 Disallowance of loss on exchange of debt por						
, , , , , , , , , , , , , , , , , , , ,	Depletion Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property					
			9			
10 Adjusted current earnings. Combine lines 1,			4.0	46,162.		
Form 4626	10	40,102.				

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.	65,356.	146,677.	146,677.
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 CARRYOV	ER AVAILABLE THIS	YEAR	1,224,038.	1,224,038.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RI	ENTAL	INCOME	STATEMENT 2
DESCRIPTION				IVITY MBER	AMOUNT	TOTAL
REPAIRS AND MAI WAGES OCCUPANCY OTHER DEPRECIATION LEGAL SERVICES	NTENANCE				1,661. 35,990. 1,509. 341. 14,401.	
		- SUBTOTA	L -	1		54,037.
TOTAL TO FORM 9	990-T, SCHEDU	LE C, COLU	MIN 3			54,037.

FORM 4626	ALTERNATI	VE MINIMUM TAX NO	OL DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
06/30/13	153,366.	57,920.	95,446.	
06/30/14	55,260.	0.	55,260.	
06/30/15	7,875.	0.	7,875.	
AMT NOL CA	RRYOVER AVAILABLE I	HIS YEAR	158,581.	