** 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)

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018 C Name of organization D Employer identification number DETROIT EDUCATIONAL TELEVISION Address FOUNDATION Name change DETROIT PUBLIC TV, WRCJ 90.9 FM, 38-1440200 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1 CLOVER COURT (248)305-3701 17,715,703. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WIXOM, MI 48393 H(a) Is this a group return Applica-tion F Name and address of principal officer: RITSCHARD P. HOMBERG for subordinates? Yes X No pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.DPTV.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Trust Other > L Year of formation: 1955 M State of legal domicile; MI Part I Summary Briefly describe the organization's mission or most significant activities: SHARE THE POWER OF MEDIA TO Governance FOSTER KNOWLEDGE AND UNDERSTANDING BY: (1) PROVIDING OUTSTANDING Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 45 43 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 134 6 Total number of volunteers (estimate if necessary) 814 6 96,570. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 15,864,263 14,924,223. 1,245,416. 1,427,951. Program service revenue (Part VIII, line 2g) 31,064. 51,976. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 488,875. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 552,476. 16,956,626. 17,629,618. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 44,600. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 210,423. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 6,432,205. 5,870,977. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,077,177. 910,663. b Total fundraising expenses (Part IX, column (D), line 25) 10,256,051. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,073,166. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,810,033. 17,065,229. -180,415.-108,603. 19 Revenue less expenses. Subtract line 18 from line 12 5 **Beginning of Current Year** End of Year 23,118,127. 22,681,880. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 5,833,927. 5,387,392. 17,284,200. 17,294,488. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign OLLETTE E. BOXD CFO AND ASSISTANT TREASURER Here Type or print name and title Check PTIN Print/Type preparer's name Preparer's signature TINA M. PETERS 10/19/18 self-employed P00904574 Paid TINA M. PETERS Firm's name PLANTE & MORAN, PLLC 38-1357951 Preparer Firm's EIN ▶ Firm's address 27400 NORTHWESTERN HIGHWAY Use Only Phone no. (248) 352-2500

SOUTHFIELD, MI 48034

May the IRS discuss this return with the preparer shown above? (see instructions)

FOUNDATION

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	DPTV PROVIDES OPEN ACCESS TO TRUSTED, BALANCED, AND INSPIRING CONTENT
	AND FOSTERS ESSENTIAL ENRICHING CONVERSATIONS, IN PARTNERSHIP WITH OUR
	DIVERSE MULTI-CULTURAL COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	BROADCAST AND ENGINEERING
	DETROIT EDUCATIONAL TELEVISION FOUNDATION OPERATES WTVS DETROIT PUBLIC
	TELEVISION (DPTV), WHICH CONTINUES AS THE ONLY LOCALLY-OWNED,
	INDEPENDENT, NON-PROFIT TELEVISION STATION IN METROPOLITAN DETROIT,
	BROADCASTING ON FOUR DIGITAL CHANNELS: 56.1, 56.2 DETROIT PBS KIDS,
	56.3 CREATE, AND 56.4 WORLD. THE FOUNDATION ALSO MANAGES WRCJ 90.9 FM
	AND HD-1, DETROIT'S ONLY PUBLIC RADIO STATION DEDICATED TO CLASSICAL
	AND JAZZ MUSIC.
	VIEWERSHIP AND PUBLIC TRUST FOR DETROIT PUBLIC TELEVISION:
4b	(Code:) (Expenses \$ 4,281,908. including grants of \$ 210,423.) (Revenue \$ 1,666,510.)
	PRODUCTIONS
	THE MIDTOWN AND SUBURBAN DETROIT STUDIOS WERE BUSY WITH MANY
	PRODUCTIONS, WHILE DPTV'S HD PRODUCTION TRUCK WAS ON THE ROAD TO
	CAPTURE IMPORTANT CONFERENCES, EVENTS AND CONCERTS. BELOW ARE
	PRODUCTIONS BY CATEGORY.
	ARTS AND CULTURE
	DETROIT PERFORMS: A WEEKLY TV SERIES AND WEBSITE TO ENCOURAGE
	PARTICIPATION IN THE ARTS IN GREATER DETROIT.
4c	(Code:) (Expenses \$1, 165, 261. including grants of \$) (Revenue \$)
	COMMUNICATIONS
	DETROIT PUBLIC TELEVISION AND WRCJ 90.9 FM ARE COMMITTED TO CREATING
	POSITIVE OUTCOMES IN SOUTHEAST MICHIGAN. BOTH PROVIDE ON-AIR AND
	ONLINE RESOURCES, SPECIAL EVENTS, AND SOCIAL MEDIA DIALOGUE WITH A GOAL
	OF FOSTERING KNOWLDEGE, COLLABORATION AND ACTION.
	IN ADDITION TO THE PRODUCTIONS LISTED ABOVE, EXAMPLES OF SUCCESSFUL
	COMMUNITY ENGAGEMENT ACTIVITIES THIS YEAR INCLUDED:
	KIDS CLUB LIVE: A TWO-DAY FAMILY FRIENDLY EVENT ATTENDED BY MORE THAN
	4,000 YOUNG PEOPLE OFFERING EDUCATIONAL ACTIVITIES AND LIVE
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 10,596,447.
4e	Total program service expenses ► 10,596,447.
	Form 990 (2017)

732002 11-28-17

38-1440200

Form 990 (2017)

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b Х or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

Form 990 (2017)

complete Schedule G. Part III

38-1440200

Page 4

Form 990 (2017)

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a 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 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 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 X 24a Schedule K. If "No", go to line 25a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25<u>a</u> transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 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? # "Yes," X 26 complete Schedule L. Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28h c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 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? |f "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 X 33 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 34 Part V, line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity Х 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI 37 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** (2017)

732004 11-28-17

Form 990 (2017) FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	150		V. (1.5)	100000
	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				
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	134			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		YER		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		MARK		Mana
5a			5a		X
b			5b		X
С			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic	it			* *
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	l	6b	4.55.	201000
7	Organizations that may receive deductible contributions under section 170(c).			77	NJ: NJ: NJ: N
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor?	7a	X	<u> </u>
ġ	, , , , , , , , , , , , , , , , , , , ,		7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		70		х
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d		7c		VALUE
d e			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	to the state of th	d?	7g		
h	The state of the s		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		144	100	MAS.
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			1540	
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а					
d	`				
	amounts due or received from them.)		4330	19,870	48970
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	1 355 550	
b	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	-	1
а			13a	97554	433.5
	Note. See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans	***************************************	1	135	
C			44-	1 4/4/4	Х
14a			14a 14b	+	+^-
<u>b</u>	of "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		wh	<u>, 990</u>	(2017)

DETROIT EDUCATIONAL TELEVISION 38-1440200 Page 6 FOUNDATION 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 45 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 43 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 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 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ____ Another's website Other (explain in Schedule O) X Own website

Form **990** (2017)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records:
OLLETTE E. BOYD, CFO AND ASSISTANT TREASURER - 248-305-3701

48393-2247

statements available to the public during the tax year.

1 CLOVER COURT, WIXOM, MI

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization ne		organ	nizat			pen	sate			, m
(A)	(B)			(C Posi	i) Hion			(D)	(E)	(F)
Name and Title	Average	(do	not cl	heck r	nore	than c	ne	Reportable	Reportable	Estimated
	hours per	bex,	unles er an	ss per dadi	son is recto	s both r/trust	ал (ee)	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(***27 1033 14100)	organization
	organizations	ruste	il trus		a.k	E E		(11 2) 1000 (11.00)		and related
	below	dual t	nstitutional trustee		Кеу етрюуее	st co	22			organizations
	line)	Individual 1	Instit	Officer	Key e	Highest compensated employee	Богтег			
(1) MICHAEL ACHESON	0.50									0
TRUSTEE	0.00	X						0.	0.	0.
(2) MELODY ARABO	0.30	Į.								
TRUSTEE	0.00	Х						0.	0.	0.
(3) GEANEEN ARENDS	0.50									
TRUSTEE	0.00	X					_	0.	0.	0.
(4) ADDELL AUSTIN-ANDERSON	0.50									
TRUSTEE	0.00	Х	<u> </u>		 			0.	0.	0.
(5) LOREN BAIDAS	0.50								0.	^
TRUSTEE	0.00	X				┢		0.	U .	0.
(6) KENNETH A. BANACH	40.00	X		Х				123,096.	0.	15,551.
ASST. TREASURER AND CFO THRU 7/17	0.00	Λ	<u> </u>	Δ				123,090.	U .	10,001.
(7) JENNIFER Z. BELVEAL TRUSTEE	0.00	x						0.	0.	0.
(8) MARK BERNSTEIN	0.30	12		-		┼			0 •	
TRUSTEE	0.00	x						0.	0.	0.
(9) MARK BOHEN	0.30	 	Т	T	<u> </u>	1	1			
TRUSTEE	0.00	x						0.	0.	0.
(10) OLLETTE E BOYD	40.00				Г					
ASST. TREASURER AND CFO AS OF 2/5/18	0.00	Х		X		l		0.	0.	0.
(11) DONNA MURRAY-BROWN	1.50									
VICE CHAIR	0.00	X		X				0.	0.	0.
(12) TERRENCE E. BURKE	0.30									
TRUSTEE	0.00	X				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		0.	0.	0.
(13) KENNETH CLARKSON	0.50	1								_
TRUSTEE	0.00	Х	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
(14) RAY DAY	0.30							_		
TRUSTEE	0.00	X	_	<u> </u>	┞	ļ	<u> </u>	0.	0.	0.
(15) SANDRA ENNIS	2.00	4								
SECRETARY	0.00	X	<u> </u>	Х	1	1	_	0.	0.	0
(16) PATRICK FEHRING	1.50	۱				1		_		
VICE CHAIR	0.00	X	 	X	╁—	-	\vdash	0.	0.	0
(17) JENNIFER FIORE	0.50	٠,,						_	0.	0
TRUSTEE	0.00	X	<u></u>		<u> </u>		1	0.	<u> </u>	Form 990 (201)

Form 990 (2017)

Page 8

3.00 0.00 0.30	tee or director	not ch unies	s pers	nore th son is rector/	Highest compensated employee employee formstee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo comp	imated ount o other	
week (list any nours for related panizations below line) 40.00 0.00 3.00 0.30	Individual trustee or director	unies er an	ss pers	son is rector/	both an /trustee)	from the organization	from related organizations	comp	other	ıf
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related panizations below line) 40.00 0.00 3.00 0.00 0.30		Institutional trustee	Officer	/ employee	ım pensated	organization	, ,			ian
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						854,056.				
					.	1,297,038.	0.	181	<u>L,6</u>	<i>7</i> 4
						received more than \$100	,000 of reportable			
									Yes	No
ector, or tr	uste	e, ke	y en	nplo	yee, o	highest compensated e	mployee on		N. S.	
								3		Х
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te Schedul	le J i	for s	uch i	pers:	on		*** *** *** ****	5		Х
<u> </u>					ELL-					
ensated in	depe	ende	nt co	ontra	actors	that received more than	\$100,000 of compensa	tion fro	om	
						(B)		(C	 ;)	
dress							services (Comper	nsatio	n
TER DF	RIV	Æ.								_
		- ,				1	1		A E	R 1
						PROGRAMMING	1 2	1,304	4,J	· .
	ection A mited to the ector, or traindividual of reportable 100? If "Yes rue compete Schedulensated in calendary dress	ection A mited to those ector, or truste individual of reportable co 100? If "Yes," co ue compensat te Schedule J ensated independent year	ection A mited to those lister ector, or trustee, keep individual of reportable composite compensation for the Schedule J for site schedule independent calendar year endicatess	ection A mited to those listed ab ector, or trustee, key en individual of reportable compensa 10? If "Yes," complete S rue compensation from the Schedule J for such in ensated independent co- calendar year ending w	ection A mited to those listed above; ector, or trustee, key employ individual of reportable compensation for any te Schedule J for such persidensated independent contracalendar year ending with codress	ection A mited to those listed above) who rector, or trustee, key employee, or individual of reportable compensation and of the compensation from any unrelate Schedule J for such person ensated independent contractors calendar year ending with or with	ection A ection	0.00 X X O.	0.00 X X D 0.00 A 0.00	0.00 X X D. 0.00 A D. 442,982. 0.62,00 Bection A D. 854,056. 0.119,67 Bection A D. 1,297,038. 0.181,67 Bector, or trustee, key employee, or highest compensated employee on a individual D. 1 and the compensation from the organization D. 2 individual D. 2 individual D. 3 Bector, complete Schedule J for such individual D. 2 individual D. 3 Bector, complete Schedule J for such individual D. 3 Bector, complete Schedule J for such individual D. 3 Bector, compensation from any unrelated organization or individual D. 3 Bector, compensation from the organization or individual D. 3 Bector, compensation from the organization or individual D. 3 Bector, compensation from the Schedule J for such person D. 2 individual D. 3 Bector, compensation from the Organization or individual D. 3 Bector, compensation fro

PO BOX 4247, PHILADELPHIA, PA 19170-7500 WGBH EDUCATIONAL FOUNDATION PO BOX 414670, BOSTON, MA 02241-4670 MEMBERSHIP SERVICES Total number of independent contractors (including but not limited to those listed above) who received more than

790 JACKSONVILLE ROAD, WARMINSTER, PA 18974 SHIPPING PREMIUMS

13 \$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

1775 BELLINGHAM DRIVE, TROY, MI 48083

AMERICAN TOWER CORPORATION

Form 990 (2017)

440,921.

404,825.

268,113.

233,418.

MAIL SERVICES

TOWER LANDLORD

PHOENIX PRESS

-orm 990 FOUNDATIO									JO 144	<i>34</i> 00
Part VII Section A. Officers, Directors, Tro	ustees, Key Em	plo	yees	s, ar	ıd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average		1	Posi	ition			Reportable	Reportable	Estimated
	hours	(cł	neck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					a)		the	organizations	compensation
	(list any	acto				mp		organization	(W-2/1099-MISC)	from the
	hours for	or dir	92			ated		(W-2/1099-MISC)		organization
	related	stee	rust		a a	Dens				and related
	organizations	Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee				organizations
	below	livide	stituti	Officer	y em	ghest	Former			
L. L	line)	<u>ii</u>	Ĕ	5	- S	崖	요		MALENT .	
(27) TONYA MATTHEWS	0.50					ļ			•	_
TRUSTEE		Х				<u>L</u>		0.	0.	0.
(28) CHARLES METZGER	0.30							_	_	_
PRUSTEE	0.00	X				L		0.	0.	0.
(29) CHARLIE MORET	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(30) TIMOTHY NICHOLSON	1.50									
CHAIR/HR & COMP COMMITTEE	0.00	X		X				0.	0.	0
(31) BYRON PITTS	0.30									
TRUSTEE	0.00	Х						0.	0.	0
(32) REUBEN RASHTY	0.50									
TRUSTEE	0.00	x					l	0.	0.	0
(33) MELISSA ROY	0.50	-								
rrustee	0.00	х						0.	0.	0
(34) THOMAS A. SZCZEPANSKI	40.00	<u> </u>			-	T				
ASSISTANT SECRETARY AS OF 9/18/17	0.00	X		x			1	60,750.	0.	3,464
(35) HOWARD SHERMAN	0.50		t			╁				
TRUSTEE	0.00	x						0.	0.	0
(36) PAULA SILVER	0.30			┪	1	 	1			
TRUSTEE	0.00	x						0.	0.	0
(37) CHRISTINE A. SING	2.00	122			╁┈	╁┈		-		Ŭ
TREASURER	0.00	x		х				0.	0.	0
(38) DAVID STURTZ	0.50	┝		1	\vdash	+	╁			· ·
• •	0.00	x		1				0.	0.	0
TRUSTEE		1	\vdash		-	-	-	0.	0.	0
(39) IRENE TASI	1.50	٠,		٠,				0.	0.	0
VICE CHAIR	0.00	X		X	+		\vdash	V •	0.	V
(40) PAM THEISEN	0.30	٠,							_	_
TRUSTEE		X	ـــ	 	+	╀	1	0.	0.	0
(41) MANNY TORGOW	0.50	┨				1			1	
TRUSTEE	0.00	X		<u> </u>	 	 	\vdash	0.	0.	0
(42) DEBORAH G. TYNER	0.50									
TRUSTEE	0.00	X		<u> </u>	<u> </u>		<u> </u>	0.	0.	0
(43) MICHAEL WATSON	0.50	1								_
TRUSTEE	0.00	X			┸		L	0.	0.	0
(44) JOHN WENZEL	40.00									
ASSISTANT TREASURER AND CFO		X		X		$oldsymbol{\perp}$		77,000.	0.	2,310
(45) SIMON S. WHITELOCKE	0.50			"						
TRUSTEE	0.00	X	1					0.	0.	0
(46) ALEXIS WILEY	0.30			Г	T		I^{T}			
		x		1	1	ł		0.	0.	0

Form 990 FOUNDATIO)N								38-144	0200
Part VII Section A. Officers, Directors, Tru	stees, Key En	olar	yees	s, ar	ıd H	ighe	st (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl	neck		ition		v)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee 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) SHAUN WILSON TRUSTEE	0.50	х						0.	0.	0.
(48) TODD WYETT CHAIR/GOVERNANCE & NOMINATING CHAIR	1.50	х		х				0.	0.	0.
(49) DANIEL ALPERT	40.00								0.	
SVP PHILANTHROPIC GIVING (50) GEORGEANN HERBERT-MYERS	40.00				-	Х		181,562.		23,624.
SVP STRATEGY AND ENGAGEMEN (51) DAVE DEVEREAUX	40.00					Х		140,393.	0.	21,826.
SVP BROADCASTING (52) FRED NAHHAT	0.00					Х		124,865.	0.	21,538.
SVP PRODUCTION	0.00					x		121,560.	0.	23,921.
(53) STEPHEN J DANOWSKI DIRECTOR OF BUSINESS DEVELOPMENT & C	0.00					х		147,926.	0.	22,990.
Total to Part VII, Section A, line 1c	•	<u> </u>				.1	•	854,056.		119,673

Form <u>990 (2017)</u> Part VIII

FOUNDATION

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue 1a 1 a Federated campaigns 1b b Membership dues 263,108. c Fundraising events 1c d Related organizations 1d 2,433,737 e Government grants (contributions) All other contributions, gifts, grants, and 12,227,378. similar amounts not included above 81,640. g Noncash contributions included in lines 1a-1f: \$ 14,924,223 Total. Add lines 1a-1f Business Code 900099 1,427,951, 1,427,951 PRODUCTION OF PROGRAMS Program Service Revenue f All other program service revenue 1,427,951 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 49,472. 49,472 other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real 566,246. 6 a Gross rents 44 166 b Less: rental expenses 522,080. c Rental income or (loss) 522,080 96,570. 425,510. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 252,480. assets other than inventory b Less: cost or other basis 250,276. O. and sales expenses 2,204. 300. c Gain or (loss) 2,504. 2,504 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 263,108. of including \$ _ contributions reported on line 1c). See 115,020. Part IV, line 18 Other 323,183. b Less: direct expenses -208,163 -208,163. 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 c Net income or (loss) from gaming activities Þ 10 a Gross sales of inventory, less returns 180,796. and allowances 141,452. b Less: cost of goods sold 39,344. 39,344 c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue MISCELLANEOUS INCOME 900099 199,215. 199,215. 11 a d All other revenue 199,215. e Total. Add lines 11a-11d 16,956,626. 1,666,510 96,570. 269,323. Total revenue. See instructions.

38-1440200 Page 10

DETROIT EDUCATIONAL TELEVISION

Form 990 (2017)

FOUNDATION

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) (A) Total expenses Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 210,423. 210,423. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 219,543. 192,552. 763,025. 350,930. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,222,200. 1,068,021. 3,958,072. 1,667,851. 7 Other salaries and wages Pension plan accruals and contributions (include 79,232. 34,800. 34,599. 148,631. section 401(k) and 403(b) employer contributions) 570,705. 346,061. 123,163. 101,481. Other employee benefits 98,410. 92,695. 430,544. 239,439. Payroll taxes Fees for services (non-employees): Management 94,455. 16,419. 78,036. Legal 78,300. 78,300. c Accounting 19,800. 19,800. Lobbying 910,663. 910,663. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 985,816. 541,720. 38,050. 406,046. column (A) amount, list line 11g expenses on Sch O.) 159,094. 152,710. 6,384. Advertising and promotion 12 63,359. 94,310. 259,794. 102,125. 13 Office expenses 71,154. 7,230. 240,104. 318,488. Information technology 14 21,712. 21,712. 15 Royalties 958,496. 760,513. 105,233. 92,750. 16 Occupancy 83,379. 27,404. 37,169. 18,806. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 997,190. 800,068. 83,286. 113,836. Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,578,210. 2,578,210. a PROGRAM ACQUISITION 2,380,485. 2,380,485. b PROGRAM PRODUCTION 342,195.331,402. 10,793. c FUNDRAISING AND EVENTS 182,332. d CREDIT CARD/BANK FEES 118,188. 300,520. 495,232. 247,013. 194,352. 53,867. e All other expenses 2,527,503. 3,941,279. 25 Total functional expenses. Add lines 1 through 24e 17,065,229. 10,596,447. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

FOUNDATION

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	616,644.	1	321,676.
		Savings and temporary cash investments		2	2,900,349.
		Pledges and grants receivable, net	4 040 455	3	1,492,140.
		Accounts receivable, net		4	1,045,752.
		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		14 14 14 14 13 14	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	34,840.
	9	Prepaid expenses and deferred charges	1 206 240	9	209,015
	10 a	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D 10a 26,096,443			
	b	Less: accumulated depreciation 10b 13,647,715	13,035,545.	10c	12,448,728
	11	Investments - publicly traded securities	2,826,243.	11	12,448,728, 3,026,426,
- 1	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1,202,954
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 00 440 400	16	22,681,880
	17	Accounts payable and accrued expenses		17	1,366,169
	18	Grants payable		18	
	19	Deferred revenue	107,397.	19	2,467
	20	Tax-exempt bond liabilities		20	2,212,418
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
G	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ğ		Complete Part II of Schedule L		22	
ڐ	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	1,874,377.	25	1,806,338
	26	Total liabilities. Add lines 17 through 25	5,833,927.	26	5,387,392
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			
Ŋ		complete lines 27 through 29, and lines 33 and 34.		i iiw	
20	27	Unrestricted net assets	15,323,334.	27	15,494,458
<u>a</u>	28	Temporarily restricted net assets	1,880,846.	28	1,719,760
e B	29	Permanently restricted net assets	80,020.	29	80,270
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
2		and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
S	31	Paid in or capital surplus, or land, building, or equipment fund		31	
u)	32	Retained earnings, endowment, accumulated income, or other funds		32	
at As	32		1 45 004 000	1	1 17 224 420
Net Assets or Fund Balances	33	Total net assets or fund balances	17,284,200. 23,118,127.		17,294,488 22,681,880

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	16,9						
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,06						
3	Revenue less expenses. Subtract line 2 from line 1	3		18,6					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,284,200						
5	Net unrealized gains (losses) on investments	5	1:	<u>18,8</u>	<u>91.</u>				
6	Donated services and use of facilities6								
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	17,29	94,4	88.				
Par	t XII 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: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			MAN				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		22	1	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis		- P						
b	Were the organization's financial statements audited by an independent accountant?		2t	X	<u> </u>				
	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:		1						
	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	audit,	1.00	A (Alb)	9/47				
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	i A						
	Act and OMB Circular A-133?	.,	3:	3	X				
b	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		3i						
			For	m 990	(2017)				

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. DETROIT EDUCATIONAL TELEVISION

OMB No. 1545-0047

Inspection

Employer identification number

	FOUNI	DATION					3	8-1440200				
Part I	Reason for Public C	harity Status (A	II organizations must co	mplete this	s part.) Se	e instructions						
The organ	ization is not a private founda	ation because it is: (F	or lines 1 through 12, ch	eck only c	ne box.)							
1	A church, convention of chu	rches, or association	of churches described	in section	n 170(b)(1))(A)(i).						
2 🔲	A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 99	0-EZ).)							
з 🔲	A hospital or a cooperative t	nospital service orgai	nization described in se	ction 170	(b)(1)(A)(iii	}.						
4	A medical research organiza	tion operated in con	junction with a hospital	described	in section	170(b)(1)(A)	(iii). Enter	the hospital's name,				
	city, and state:											
5	An organization operated fo	r the benefit of a coll	ege or university owned	or operate	ed by a go	vernmental ur	nit describe	d in				
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X	An organization that normal	ly receives a substan	itial part of its support fro	om a gove	rnmental ι	ınit or from th	e general p	oublic described in				
	section 170(b)(1)(A)(vi). (Co	omplete Part II.)										
8 🔲	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	II.)								
9	An agricultural research orga	anization described i	n section 170(b)(1)(A)(i	x) operate	d in conju	nction with a	land-grant	college				
	or university or a non-land-g	rant college of agricu	ılture (see instructions). I	Enter the r	name, city,	and state of	the college	or				
	university:											
10	An organization that normal	ly receives: (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	nip fees, an	d gross receipts from				
	activities related to its exem	ipt functions - subjec	t to certain exceptions, a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment				
	income and unrelated busin	ess taxable income ((less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	fter June 30, 1975.				
	See section 509(a)(2). (Con	nplete Part III.)										
11 🔛	An organization organized a	•	•	•								
12	An organization organized a											
	more publicly supported org	ganizations described	d in section 509(a)(1) o	r section 5	509(a)(2)	See section (509(a)(3). 🤇	Check the box in				
	_lines 12a through 12d that o	describes the type of	supporting organization	and comp	olete lines	12e, 12f, and	12g.					
a	Type I. A supporting orga	•	•									
	the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting				
	organization. You must c	•										
b	Type II. A supporting orga	•				_		-				
	control or management of	f the supporting orga	inization vested in the sa	ıme persor	ns that co	ntrol or mana	ge the supp	oorted				
	organization(s). You mus	•										
c L	Type III functionally integrated	•					ly integrate	ed with,				
	its supported organization	. , .	· -									
d L	☐ Type III non-functionally	• • • • • • • • • • • • • • • • • • • •					_					
	that is not functionally int	-					i an attentiv	/eness				
	requirement (see instructi	•	•									
e	Check this box if the orga					Type I, Type	н, туре н					
	functionally integrated, or		nally integrated supportir	ng organiz	ation.							
	er the number of supported o											
g Pro	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other				
	organization	, ,	(described on lines 1-10	in your governi Yes	No document?	support (see i	nstructions)	support (see instructions)				
			above (see instructions))		,,,,							
					1							
		15 Tale to the exploration of the Control		100000000000	1 (2000) 1000	†		1				

Schedule A (Form 990 or 990-EZ) 2017 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16049991.	17474304.	16513418.	15864263.	<u> 14924223.</u>	80826199.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16049991.	17474304.	16513418.	15864263.	14924223.	80826199.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						80826199.
Se	ction B. Total Support		1.		1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	16049991.	17474304.	16513418.	15864263.	14924223.	80826199.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	552,265.	651,083.	566,488.	628,006.	659,884.	3057726.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			65,356.	47,162.	96,570.	209,088.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	419,757.	451,653.	306,227.	481,163.	314,235.	1973035.
11	Total support, Add lines 7 through 10						86066048.
	Gross receipts from related activities			.,			3,995,771 .
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
20	organization, check this box and stoction C. Computation of Publ	p here					>
<u> </u>				notions (0)		14	93.91 %
14	Public support percentage for 2017 (94.01 %
15	Public support percentage from 2016 a 33 1/3% support test - 2017. If the						
16							
	stop here. The organization qualifies 33 1/3% support test - 2016. If the						
	and stop here. The organization qua						
47.	and stop here. The organization qua a 10% -facts-and-circumstances tes						
1/3	a 10% -tacts-and-circumstances tes and if the organization meets the "fa						
	meets the "facts-and-circumstances"						
	neets the facts-and-circumstances tes	_	•				
	more, and if the organization meets t						
	organization meets the "facts-and-cir						•
12	Private foundation. If the organizati		_				ns
10	1 1114ate Iodinauton, il die Organizati	on dia not officer a		,,,			0 or 990-EZ) 2017
					50		

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION

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

,	•	*	
(Complete only if you	u checked the box on line 10 of Part	l or if the organization failed to qu	alify under Part II. If the organization fails to

Sec	ction A. Public Support	low, piedse comp	note i diving				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	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.)						NATE:
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	r the organization	's first second thi	ird fourth or fifth	tax vear as a sectio	n 501(c)(3) ora	anization
14							
Se	ection C. Computation of Publi						
	Public support percentage for 2017 (I			column (fl)	***************************************	15	
16						16	%
	ection D. Computation of Inves						
	Investment income percentage for 20			ine 13. column (f))		17	%
						18	%
18	a 33 1/3% support tests - 2017. If the						
19	more than 33 1/3%, check this box a						▶ □
	b 33 1/3% support tests - 2016. If the	organization did	not check a box o	n line 14 or line 19	ea, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 1	9a, or 19b, check	this box and see in	structions	

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?
- 6 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.)

	Yes	No
1		
2	(Jan	Ti Oi
3a		
3b	NEW.	
]
3c 4a	N. S.	
4b		
Ac.		
5a		
5b		
5c	577557	
<u>6</u> _		
7 VANASII		
8		
9a		
9b	1	
9c		
10a		
10b	28823	1000
90 or 9	9∩-F7	'\ 2017

Par	t IV Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	MARK		
	below, the governing body of a supported organization?	11a		
h	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		
	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			TO AN
•	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,	N. S.		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	MANUE	14,500	ASSA!
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,			
<u></u>	supervised, or controlled the supporting organization.	2	<u> </u>	
Sec	tion C. Type II Supporting Organizations		1	
		1000000	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	1.55	1 11111	As order
	the supported organization(s).	1 1	<u> </u>	L
Sec	tion D. All Type III Supporting Organizations			
		14433333	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	NAME OF THE PARTY		1000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
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	algha.	MAX	
	the organization maintained a close and continuous working relationship with the supported organization(s).	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	A SAA		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	11/11/11		
	supported organizations played in this regard.	3	<u> </u>	<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	i).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	i) <u>. </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b				
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.	NAVE.	i jást	ANA.
а	The state of the s			
•	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	За		
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1,715
L	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supportion organization. If 165, describe in the Filtre fole prayed by the organization in this regard.			

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

38-1440200 Page 6 Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION 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 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 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) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1đ d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 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) 6 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4

Schedule A (Form 990 or 990-EZ) 2017

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

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION

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

	Typo in their t directionally integrated elect	-//-/	(conditaed)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	etter.		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	·		Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			· · · · · ·
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>;</u>	Carryover from 2012 not applied (see instructions)			
 -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
7	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
<u>_</u>	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
v	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
′	and 4c.			
8	Breakdown of line 7:			
<u>а</u>	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
<u> </u>	Excess from 2017		** ***** *****************************	The first of the control of the cont

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION	38-1440200 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for (See instructions.)	on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART II	
DPTV'S PUBLIC CHARITY STATUS AS OUTLINED IN ITS IRS DE	TERMINATION
LETTER IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIB	
509(A)(2) AND THEREFORE QUALIFIES TO CHECK BOX 10 ON S	
I. HOWEVER, DPTV ALSO CAN CHECK BOX 7 BECAUSE THEY ME	
SUPPORT TEST UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)	(VI) OF THE CODE.
	. Do Longian
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	Assistant Assist

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

	TROIT EDUCATIONAL TELEVISION UNDATION	38-1440200
Organization type (check or		
Filers of:	Section:	
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	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from seculusively for religious, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious mplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
but it must answer "No" or	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fithe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
DETROIT EDUCATIONAL TELEVISION
FOUNDATION

Employer identification number

38-1440200

Part I Contril	outors (see instructions). Use duplicate copies of Part I i		1
(a)	(b)	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIP + 4	\$ 2,433,737.	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		\$ 803,589.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli 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.)

Name of organization
DETROIT EDUCATIONAL TELEVISION
FOUNDATION

Employer identification number

38-1440200

(a) No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. irom 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		i	I

Employer identification number

DETROIT EDUCATIONAL TELEVISION

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UNDATI	ON			38-1440200
11	xclusively religious, charitable, etc., contrib- ne year from any one contributor. Complete col	nne (a) interior (a) and interior	IND PRINTY For organizations	
co L	ompleting Part III, enter the total of exclusively religious, of lise duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or less to space is needed.	or the year. (Enter this info. once.)	Ψ
No.		(c) Use of gift	(d) Descript	ion of how gift is held
art I	(b) Purpose of gift	(c) Ose of glit	(a) Descript	John of Now Yat 15 field
		(e) Transfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationship of transfe	eror to transferee
			AMMAN	
l —				
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held
art I	(b) Purpose of gift	(c) Ose or girt	(0,200	
				· · · · · · · · · · · · · · · · · · ·
		(-) Transfer of sift		enorm
		(e) Transfer of gift		
	Transferee's name, address, and	IZIP+4	Relationship of transf	eror to transferee
			· · · · · · · · · · · · · · · · · · ·	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
Part I				
—				
		(e) Transfer of gift		
				_
<u> </u>	Transferee's name, address, an	d ZIP + 4	Relationship of transf	eror to transferee
			· · · · · · · · · · · · · · · · · · ·	DATE OF THE PARTY
a) No.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	ition of how gift is held
		11000001101		
		<u> </u>		
		(e) Transfer of gift		
	Maria de Caración	-1 7(D + 4	Relationship of trans	foror to transferee
	Transferee's name, address, an	0 ZIT + 4	netationship of trans	ICIOI W HAIISICICE
_				
_				

SCHEDULE C

(Form 990 or 990-EZ)

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.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

# C-	ection 501(c)(4), (5), or (6) organization	one: Complete Port III			
		EDUCATIONAL TEL	EVICTON	Empl	oyer identification number
10,110	FOUNDAT		T 1 T D T O 11	' '	38-1440200
Pari	t I-A Complete if the orga	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
1 F 2 F	Provide a description of the organiza Political campaign activity expenditu Volunteer hours for political campaig	ation's direct and indirect politic	al campaign activities	in Part IV. ▶\$	
Par	t I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
	nter the amount of any excise tax is				
	Enter the amount of any excise tax i				
	f the organization incurred a section				
	Vas a correction made?				
	f "Yes " describe in Part IV				
	t I-C Complete if the org	anization is exempt und	ler section 501(c)		
1 [Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	tion activities > 9	
	Enter the amount of the filing organi				
	exempt function activities				
	Total exempt function expenditures.				
I	ine 17b			> \$	
	Did the filing organization file Form				
1	Enter the names, addresses and emmade payments. For each organizate contributions received that were propolitical action committee (PAC). If a	ion listed, enter the amount pa emptly and directly delivered to	id from the filing organi a separate political org	ization's funds. Also enter th panization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
-					

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Part II-A Complete if the org	FOUNDATION janization is exen	npt under section	501(c)(3) and file	38-1 d Form 5768 (ele	ction under
section 501(h)).		N	David Annaha a Ciliata ah		
		liated group (and list in	Part IV each affiliated	group member's name	e, address, cilv,
· ' '	re of excess lobbying e	. ,	datawa amuhi		
Lim	its on Lobbying Expe	nd "limited control" pro nditures unts paid or incurred.)	visions apply.	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)		. Deleganian	
b Total lobbying expenditures to infl			,		
c Total lobbying expenditures (add I	•	• • • • • • • • • • • • • • • • • • • •			
d Other exempt purpose expenditur					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)		bying nontaxable amo			TANK BUREAU
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,	***************************************	33 ονοι ψησοσ,σσσ.		
Over \$17,000,000	η ψι,σου,	,000.			
g Grassroots nontaxable amount (e	nter 25% of line 1ft				
h Subtract line 1g from line 1a. If ze		***************************************	***************************************		
i Subtract line 1f from line 1c. If zer	•		,		
j If there is an amount other than zo					
reporting section 4911 tax for this		ine ii, did the organize		{	Yes N
-	4-Year Av that made a section 5	eraging Period Under i01(h) election do not l rate instructions for lir	section 501(h) nave to complete all c	of the five columns be	
	Lobbying Expe	nditures During 4-Yea	r Averaging Period	-	····
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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))					:
• O					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 FOUNDATION 38-1440 2
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)).

(a	1)		(b)
Yes	No	D	Amo	unt
	NAME:	ii ji ba		
	Σ	X		
X			19	,800.
	Mark		19	800.
	7	X		
				
MANAGES.	19,584	gayaan ga		પ્રામુક્ પ્રાથમ કે કે ¹
F04(-)(i	<u></u>		10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
n 501(c)(5), Or	rsec	tion	
NAME OF THE OWNER OWNER OF THE OWNER OWNE				
	г		Yes	No
		2		
e prior year n 501(c)(? 5) , oı	3 r sec	tion	
e prior year	? 5) , oı	3 r sec Part	rtion III-A, line	e 3, is
e prior year n 501(c)("No," OF	? 5), oı 1 (b) l	3 r sec	tion III-A, line	e 3, is
e prior year n 501(c)("No," OR	? 5), oı 1 (b) l	3 r sec Part	tion III-A, line	3, is
e prior year n 501(c)("No," OF	? 5), oı 1 (b) l	3 r sec Part	tion III-A, lind	e 3, is
e prior year n 501(c)("No," OF	? 5), oi R (b) F	3 r sec Part 1 2a	tion III-A, line	e 3, is
e prior year n 501(c)("No," OF	? 5), oi R (b) F	3 r sec Part 1 2a 2b	tion III-A, line	e 3, is
e prior year n 501(c)("No," OF	? 5), oi	3 r sec Part 1 2a 2b 2c	tion III-A, line	∋ 3, is
e prior year n 501(c)("No," OF	? 5), oi	3 r sec Part 1 2a 2b	tion III-A, line	9 3, is
e prior year n 501(c)("No," OF	? 5), oi	3 r sec Part 1 2a 2b 2c	tion III-A, line	e 3, is
e prior year n 501(c)("No," OF	? 5), oi	3 r sec Part 1 2a 2b 2c 3	tion III-A, line	e 3, is
e prior year n 501(c)("No," OF	? 5), oi t (b) I	3 r sec Part 1 2a 2b 2c 3	tion III-A, line	e 3, is
e prior year n 501(c)("No," OF	? 5), oi t (b) I	3 r sec Part 1 2a 2b 2c 3	tion III-A, line	e 3, is
e prior year n 501(c)("No," OF	? (5), oi	3 r sec Part 1 2a 2b 2c 3	III-A, lind	e 3, is
e prior year n 501(c)("No," OF	? (5), oi	3 r sec Part 1 2a 2b 2c 3	III-A, lind	e 3, is
e prior year n 501(c)("No," OF	? (5), oi	3 r sec Part 1 2a 2b 2c 3	III-A, lind	e 3, is
e prior year n 501(c)("No," OF	? (5), oi	3 r sec Part 1 2a 2b 2c 3	III-A, lind	e 3, is
e prior year n 501(c)("No," OF	? (5), oi (b) I	3 r sec Part 1 2a 2b 2c 3	III-A, lind	e 3, is
e prior year n 501(c)("No," OF cal ess olitical	? (5), oi	3 r sec Part 1 2 2 2 2 3 4 5	nd 2 (see	e 3, is
e prior year n 501(c)("No," OF cal ess olitical list); Part II	? (5), oi	3 r sec Part 1 2 2 2 2 3 4 5	nd 2 (see	e 3, is
e prior year n 501(c)("No," OF cal ess olitical list); Part II	? (5), oi	3 r sec Part 1 2 2 2 2 3 4 5	nd 2 (see	e 3, is
e prior year n 501(c)("No," OF cal ess olitical list); Part II	? (5), oi	3 r sec Part 1 2 2 2 2 3 4 5	nd 2 (see	e 3, is
	X n 501(c)(X	X X X X X X X X X	X X X X X X X X X X X X X X X Y X Y X Y

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.

DETROIT EDUCATIONAL TELEVISION

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION

Employer identification number 38-1440200

	organization answered "Yes" on Form 990, Part IV, line		•	A Francis and other areas and
	<u> </u>	(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)	WHO WAS A CONTROL OF THE CONTROL OF		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w			
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	ised on	ly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferrir	ng
Pai			art IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	orically	important land area
	Protection of natural habitat	Preservation of a certi	fied his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form o	of a con	servation 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				2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ation during the tax
	year >			
4	Number of states where property subject to conservation eas	ement is located >		
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion eas	ements during the year
	> \$	-		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(1)(4)(B)(i	0)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	include, if applicable, the text of the footnote to the organization			
	conservation easements.		3	
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and	I balance sheet works of art.
	historical treasures, or other similar assets held for public exh	•		
	the text of the footnote to its financial statements that describ			
b			and ba	lance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, ed	*		
		doudon, or research in farther ance of par	/110 GC/ V	noc, provide the tollowing difficulties
	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 treat		gain, p	rovide
	the following amounts required to be reported under SFAS 1			. .
а				
	Assets included in Form 990, Part X			> \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 201

								's endowmen	t funds.
Pai	t VI	Land,	Buildin	gs, and	d Equi	pme	ent.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated (d) Book value (a) Cost or other Description of property basis (other) depreciation basis (investment) 2,539,173. 2,539,173. 1a Land ______ 8,219,007. 12,050,281. 3,831,274. **b** Buildings 12,166. 56,945. 69,111. c Leasehold improvements 8,569,784. 1,546,352. 10,116,136. d Equipment 132.030. 1,321,742. 1,189,712. e Other 12,448,728. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017

FOUNDA	T	ION
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Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end-	of-year market value
(1) Financial derivatives				##MTMTMT
(2) Closely-held equity interests				
(3) Other				
(A)				
(8)			- L COMMANN	
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		A STATE OF THE STA	2004 (1974 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 	<u>., 100 (100 (100 (100 (100 (100 (100 (100</u>
	Court (V	line 11e Coe Form 000 D	art V lina 12	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV,	(c) Method of va	art ∧, line 13. luation: Cost or end-	of-year market value
	(b) Book take			
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Form 990, F	Part X, line 15.	
	Description			(b) Book value
(1) COST TO OBTAIN				1,202,954.
(2)		***************************************		
(3)				
[4]				
<u>(5)</u>	ALIWANIAN III			
<u>(6)</u>		L L - LUL LOWARTTO - CT		
(9)				1,202,954.
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	e 15.)	***************************************		1,202,3311
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form	990 Part X line 25	
(a) Description of liability	on rollin 556, ratery,	(b) Book value		
(1) Federal income taxes (2) 457B DEFERRED COMPENSATION	N	175,966.		
(2) 457B DEFERRED COMPENSATION (3) UNEARNED GIFT ANNUITY	-	121,625.		
(4) EQUIPMENT LIABILITY		318,293.		
(5) GRANTS PAYABLE		1,052,954.		
(6) ROYALTY PAYABLE		137,500.		
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	1,806,338.		

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 X

Schedule D (Form 990) 2017

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Caba	dule D (Form 990) 2017 FOUNDATION	IDION		38-1	1440200 Page	4
	dule D (Form 990) 2017 FOUNDAT LON t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Ret	urn.	L440200 Page	÷
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1					
1				1	17,825,259	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					_
a	Net unrealized gains (losses) on investments	2a	118,891.			
b	Donated services and use of facilities					
c	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	ابسا	750,042.			
е	Add lines 2a through 2d			2e	868,933 16,956,326	•
3	Subtract line 2e from line 1	***************************************	,,.,	3	16,956,326	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	300.	Militia		
C	Add lines 4a and 4b			4c	300	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		F	5	16,956,626	÷
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per H	eturi	fl.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				17 014 071	_
1	Total expenses and losses per audited financial statements	/		1	17,814,971	•
2	Amounts included on line 1 but not on Form 990, Part IX, fine 25:	اما				
a	Donated services and use of facilities	1 1	•			
b	Prior year adjustments					
	Other losses Other (Describe in Part XIII.)		750,042.			
d e	Add lines 2a through 2d			2e	750,042	
3	Subtract line 2e from line 1			3	17,064,929	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					**********
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	į			
b			300.			
C				4c	300	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		***************************************	5	17,065,229	١.
	rt XIII Supplemental Information.					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			; Part	X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforn	nation.			
PA.	RT V, LINE 4:					
	DESCRIPTION AS DESCRIPTION OF DIMENSION	mo progr	מאמת מזוחחטים	men	מזות מזות	
10	PROVIDE A PREDICTABLE STREAM OF FUNDING	TO PROGE	CAMS SUPPOR	תמיני	DI INE	—
TENT	DOMENIA ELIND					
E-IV.	DOWMENT FUND.		·			—
						_
PA	RT X, LINE 2:					
	and a service to a					_
IN	MARCH 2015, THE AICPA RESCINDED TECHNICA	AL PRACT	ICE AID 525	0.1	5. AS A	
RE	SULT, THE DISCLOSURE OF OPEN TAX YEARS AT	ND UNCER!	TAIN TAX PO	SIT	IONS IS	
ON	LY REQUIRED WHEN AN ENTITY HAS MATERIAL U	JNCERTAII	N TAX POSIT	'ION	S. AS	
$\overline{\mathrm{DP}}$	TV DOES NOT HAVE ANY MATERIAL UNCERTAIN T	PAX POSI	TIONS, THE	DIS	CLOSURE	
HA	S NOT BEEN INCLUDED IN THE AUDITED FINANC	CIAL STA	rements. T	HER	EFORE,	
PA	RT IV, LINE 11F HAS BEEN ANSWERED "NO."					

RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. TOTAL TO SCHEDULE D, PART XI, LINE 2D 750,042. PART XI, LINE 4B - OTHER ADJUSTMENTS: 300. DISPOSAL OF ASSET 300. PART XII, LINE 2D - OTHER ADJUSTMENTS: 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	Schedule D (Form 990) 2017 FOUNDATION	38-1440200 Page 5
NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. TOTAL TO SCHEDULE D, PART XI, LINE 2D 750,042. PART XI, LINE 4B - OTHER ADJUSTMENTS: 300. PART XII, LINE 2D - OTHER ADJUSTMENTS: 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	Part XIII Supplemental Information (continued)	
RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. TOTAL TO SCHEDULE D, PART XI, LINE 2D 750,042. PART XI, LINE 4B - OTHER ADJUSTMENTS: DISPOSAL OF ASSET 300. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES COST OF GOODS SOLD 141,452. TOTAL TO SCHEDULE D, PART XI, LINE 2D 750,042. PART XI, LINE 4B - OTHER ADJUSTMENTS: DISPOSAL OF ASSET 300. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042.	NON-CASH (NON-PROPERTY) CONTRIBUTIONS	241,241.
COST OF GOODS SOLD TOTAL TO SCHEDULE D, PART XI, LINE 2D PART XI, LINE 4B - OTHER ADJUSTMENTS: DISPOSAL OF ASSET 300. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042.	RENTAL EXPENSE	44,166.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 750,042. PART XI, LINE 4B - OTHER ADJUSTMENTS: DISPOSAL OF ASSET 300. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES	323,183.
PART XI, LINE 4B - OTHER ADJUSTMENTS: DISPOSAL OF ASSET PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE SPECIAL EVENT EXPENSES COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D PART XII, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD	141,452.
DISPOSAL OF ASSET PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	TOTAL TO SCHEDULE D, PART XI, LINE 2D	750,042.
DISPOSAL OF ASSET PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:		
PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	DISPOSAL OF ASSET	300.
RENTAL EXPENSE 44,166. SPECIAL EVENT EXPENSES 323,183. COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES COST OF GOODS SOLD 141,452. NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D PART XII, LINE 4B - OTHER ADJUSTMENTS:	PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NON-CASH (NON-PROPERTY) CONTRIBUTIONS 241,241. TOTAL TO SCHEDULE D, PART XII, LINE 2D PART XII, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSE	44,166.
NON-CASH (NON-PROPERTY) CONTRIBUTIONS TOTAL TO SCHEDULE D, PART XII, LINE 2D PART XII, LINE 4B - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES	323,183.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,042. PART XII, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD	141,452.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	NON-CASH (NON-PROPERTY) CONTRIBUTIONS	241,241.
	TOTAL TO SCHEDULE D, PART XII, LINE 2D	750,042.
DISPOSAL OF ASSET	PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	DISPOSAL OF ASSET	300.

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.

► Go to www.irs.gov/Form990 for the latest instructions.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants 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 X Yes __ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions: or entity (fundraiser) from activity fundraiser organization listed in col. (i) ACD DIRECT, INC. - 1353 NORTH Yes No 149,270 2,264,936. 1075 WEST, FARMINGTON, UT FULL SERVICE CALL CENTER Х 2,414,206 CDP SERVICE OF WGBH - PO BOX 1,190,888. MAIL SERVICES X 1,526,771 335,883 414670, BOSTON, MA WGBH EDUCATIONAL FOUNDATION -1,084,562. 21,290 1,063,272. PO BOX 414670, BOSTON, MA WEB SERVICES х PHOENIX PRESS INC - 1775 221,279. 624,533. BELLINGHAM, TROY, MI 48083 MAIL SERVICES X 845,812. WGBH EDUCATIONAL FOUNDATION -131,926 86,883. 45,043. PO BOX 414670, BOSTON, MA MARKETING SERVICES х TELEMARKETING/MAIL SERVICE INFOCISION MANAGEMENT CORP ENTER Х 11,472. 20,159 -8,687. PO BOX 932441, CLEVELAND, OH BLACKBAUD INC - PO BOX DATABASE/DATA ANALYTICS 0, 66,300 -66,300. 930256, ATLANTA, GA 31193 Х DMW WORLDWIDE - 701 LEE ROAD, DIRECT MAIL SERVICE AND 0, 1,500. CHESTERBROOK, PA 19087-5612 DESIGN X -1,500. NEXT GENERATION FUNDRAISING -MAIL CONSULTING 0. 8,100. -8,100. 1235 WESTLAKES DRIVE, SUITE Х 6,014,749. 910,664, 5,104,085. 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. MI

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) 2017

Schedule G (Form 990 or 990-EZ) 2017 FOUNDATION

38-1440200 Page 2

Pai	T I	Fundraising Events. Complete if the of fundraising event contributions and gro				
T		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			1	KIDS CLUB		(add col. (a) through
			PEFORMS LIVE		4	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	144,580.	96,550.	136,998.	378,128.
	2	Less: Contributions	117,330.	53,000	92,778.	263,108.
	3	Gross income (line 1 minus line 2)	27,250.	43,550	44,220.	115,020.
	4	Cash prizes	•			
	7	Oddin prized				
S	5	Noncash prizes				
suec	6	Rent/facility costs	86,000.	15,221	86,921.	188,142.
Direct Expenses	7	Food and beverages				
ā	8	Entertainment		15,849	. 11,515.	27,364.
	9	Other direct expenses				107,677.
	10				>	323,183.
		Net income summary. Subtract line 10 from	ine 3, column (d)	***************************************		-208,163.
Pa	rt I	<u></u>	answered "Yes" on Forn	1 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.		I P. M. I	I	T
Φ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				Diligo/progressive bilige	<u></u>	coi. (a) unough coi. (o)
Re		Crops revenue				
		Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes			September 1	
ct Ex						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes 9	% Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
	ľ	Direct expense summary, Aud mos 2 mioug	iro ir colariir (a)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
9		nter the state(s) in which the organization cond	-	•		
_		the organization licensed to conduct gaming a "No," explain:		***************************************		res nc
-						
40-		ere any of the organization's gaming licenses	rayokad suspended or t	arminated during the ta	v ugar?	Yes No
		ere any of the organization's gaming licenses in "Yes," explain:				105110
	_					
	_					
					0-11-1-0/E-	orm 990 or 990-FZ) 201

Schedule G (Form 990 or 990-EZ) 2017 FOUNDATION	38-14	440200	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
, , , , , , , , , , , , , , , , , , , ,		13a	%
a The organization's facility	i		
b An outside facility	l	13b	70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	oras:		
Name ▶	<u></u>		
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	ımount		
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 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent 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); a	nd Part III, lin	ies 9, 9b, 1	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 FUNDS	AISERS	:	
(I) NAME OF FUNDRAISER: ACD DIRECT, INC.			
1 17 172111 02 1 04721111200111 1100			
(I) ADDRESS OF FUNDRAISER: 1353 NORTH 1075 WEST, FARMINGTON	J. UT	84025	
(I) ADDRESS OF FORDIGIDARY 2000 HORITI 10.0 Habi, 1111011101010	.,		
(T) MANUE OF EIDIDDATGED. ODD GEDITGE OF MODII			
(I) NAME OF FUNDRAISER: CDP SERVICE OF WGBH			
(m)	4650		
(I) ADDRESS OF FUNDRAISER: PO BOX 414670, BOSTON, MA 02241	L-4670		
(I) NAME OF FUNDRAISER: WGBH EDUCATIONAL FOUNDATION			

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Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) FOUNDATION 38-1440200	Page 4
Part IV Supplemental Information (continued)	
(I) ADDRESS OF FUNDRAISER: PO BOX 414670, BOSTON, MA 02241-4670	
(I) NAME OF FUNDRAISER: PHOENIX PRESS INC	
(I) ADDRESS OF FUNDRAISER: 1775 BELLINGHAM, TROY, MI 48083	
(I) NAME OF FUNDRAISER: WGBH EDUCATIONAL FOUNDATION	
(I) ADDRESS OF FUNDRAISER: PO BOX 414670, BOSTON, MA 02241-4670	·
(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP	
(I) ADDRESS OF FUNDRAISER: PO BOX 932441, CLEVELAND, OH 44193	
(I) NAME OF FUNDRAISER: BLACKBAUD INC	
(I) ADDRESS OF FUNDRAISER: PO BOX 930256, ATLANTA, GA 31193	
(I) NAME OF FUNDRAISER: DMW WORLDWIDE	
(I) ADDRESS OF FUNDRAISER: 701 LEE ROAD, CHESTERBROOK, PA 19087-5612	
(I) NAME OF FUNDRAISER: NEXT GENERATION FUNDRAISING	NUMA-THE .
(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 (\$378,128) AND LINE 10, DIRECT EXPENSES	
(\$323,183), OR \$54,945 NET PROFIT.	

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.

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OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

2 Employer identification number 38-1440200 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. than \$5 000 Part II can be dunificated if additional space is needed TELEVISION DETROIT EDUCATIONAL Part I General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION Name of the organization Part II

recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	\$5,000. Part II can	De duplicated if addition	Dia Space is reede		(f) Mothod of		
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(I) Meirica or valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY LIGGET SCHOOL		A CANADA					
1045 COOK ROAD GROSSE POINTE MI 48236	38-1360536 501(C)(3	501(C)(3)	26,615.	0			PURCHASE OF EQUIPMENT
REGENTS-UNIVERSITY OF MICHIGAN							
PO BOX 223131 PITTSBURGH, PA 15251-2131	38-6006309 501(C)(3	501(c)(3)	82,863.	0.			COLLABORATIVE PRODUCTION, DISTRIBUTION, ENGAGEMENT
WDET 101.9 4600 CASS AVE							
DETROIT, MI 48201	38-6028429 501(C)(3	501(C)(3)	95,190.	0.			DISTRIBUTION, ENGAGEMENT
WGVU							MERONAG ADERIHOPM
PO BOX 1668 GRAND RAPIDS, MI 49504-1668	38-1684280	501(C)(3)	5,755.	0.			DISTRIBUTION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government org	ganizations listed in the					4.

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Page 2

38-1440200

FOUNDATION

Schedule I (Form 990) (2017)

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. Part III

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE GRANTEES PROVIDE QUOTES/PURCHASE ORDERS FROM VENDORS GRANTEES ARE MONITORED AND REPORTING ON THE Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. TO SUPPORT PROMOTIONAL RESOURCES FOR PROGRAMS IN LOCAL OF EQUIPMENT EQUIPMENT AND ARE SUBJECT TO FOLLOW-UP REPORTING ON THE USE OF TO RECEIVE GRANTS ARE SUBAWARDED FOR COLLABORATIVE PROGRAM PRODUCTION STATIONS (d) Amount of non-cash assistance PROVIDE AFFIDAVITS OF PROGRAM AIRING WITH INVOICES IN ORDER MARKETS, AS INCENTIVES TO BROADEN THE REACH OF THE PROGRAM. THE PURCHASE (c) Amount of cash grant GRANTS ARE SUBAWARDED FOR (b) Number of recipients DISTRIBUTION AND ENGAGEMENT. (a) Type of grant or assistance A PROGAM. GRANTS ARE AWARDED GRANT ~ LINE PAYMENT OF SUPPORT OF EQUIPMENT. FOR THE ì PART

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Schedule I (Form 990) FOUNDATION	38-1440200 Page 2
Schedule I (Form 990) FOUNDATION Part IV Supplemental Information	
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USE OF FUNDS.	
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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.
 ★ Go to www.irs.gov/Form990 for instructions and the latest information.

QUII
Open to Public
Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

Questions Regarding Compensation Yes No 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments X Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) Discretionary spending account 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations 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: Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: a The organization? 5a 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

732111 10-17-17

Schedule J (Form 990) 2017

Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2017

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.

Page 3

38-1440200

Schedule J (Form 990) 2017

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

Anna province of the state of t		And the state of t	And and analysis and an analys	The state of the s							Schedule J (Form 990) 2017
PART I, LINE 1A:	THE PRESIDENT/CEO RECEIVED HEALTH/SOCIAL CLUB DUES BENEFITS FROM THE	ORGANIZATION AND THRY WERE TREATED AS TAXABLE BENEFITS. THIS BENEFIT WAS	DISCONTINUED IN FY 2018.								

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

Name of the organization

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Go to www.irs.gov/Form990 for instructions and the latest information.

DETROIT EDUCATIONAL TELEVISION

▶ Attach to Form 990.

2017 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

38-1440200

ž (i) Pooled financing M ٤ ĝ (g) Defeased (h) On behalf Yes No × Ω of issuer Yes Yes ž × Yes ŝ 2 O (f) Description of purpose Yes Yes Þ 10370000. SEE PART ŝ ž ω ω Yes Yes (e) Issue price 171,386. 10,198,614. 8,100,000 10,370,000 × × ŝ ŝ 2005 06/30/02 (d) Date issued Yes Yes M × 52-1417332|5946928H1 (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? FOUNDATION A MICHIGAN STRATEGIC FUND Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds **Bond Issues** Part II Proceeds Parti 9 11 16 N L() ø O 2 띭 ဗူ 7 Ť. 7 Ω O ۵

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

46

Schedule K (Form 990) 2017

Page 2

38-1440200

Schedule K (Form 990) 2017 % % ŝ ŝ ۵ Yes Yes % % % % ŝ ž Q O Yes Yes % % % % å ŝ œ Δ Yes Yes % % % % 2 ⋈ 윈서 × M M × × × × Yes Yes M 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 governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed property used in a private business use as a result of 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) 2017 1.141-12 and 1.145-2? Total of lines 4 and 5 b Exception to rebate? a Rebate not due yet? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge performed 83 Ģ თ N ო ιΩ 4

Page 3 Schedule K (Form 990) 2017 ŝ ŝ Yes Υes ŝ å Yes Yes 38-1440200 ŝ Ŷ FINANCE COSTS OF ACQUIRING LAND AND A 93,000 SQ. FT. FACILITY TO SERVE m THE TAX EXEMPT BONDS Yes Yes Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions 외× 2 × × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? AS THE ORGANIZATION'S HEADQUARTERS AND STUDIOS. 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)? 2018. WERE FULLY PAID OUT ON JULY 2ND, SCHEDULE K, PART I, BOND ISSUES FOUNDATION Part V Procedures To Undertake Corrective Action Part IV Arbitrage (Continued) Schedule K (Form 990) 2017 b Name of provider c Term of GIC section 148? 732123 10-18-17

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

FOUNDATION

Open To Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for the latest information.
DETROIT EDUCATIONAL TELEVISION

Employer identification number 38-1440200

Par	t I Types of Property							
1		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminin		
1	Art - Works of art							
2	Art · Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		•					
9	Securities - Publicly traded	Х	10	39,279.	MARKET VALU	E		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• • •	trust interests							
12	Securities - Miscellaneous			· · · · · · · · · · · · · · · · · · ·	VIII.			
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				1			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							***************************************
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (FOOD, CONCERT)	X	127	42,361.	COST			
26	Other							
27	Other • ()							
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	a the tax vear for c	contributions				
	for which the organization completed Form 82		-	1				
		, ,		•			Yes	No
30a	During the year, did the organization receive t	ov contributi	on any property rej	ported in Part I, lines 1 throug	gh 28, that it	THE STATE		
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period					30a		Х
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************				100	ARK F	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions?	31		Х
32a								
	contributions?					32a	Х	
h	If "Yes," describe in Part II.							
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		Alexander	*	•			

732141 09-07-17

Schedule M (Form 990) 2017

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

Schedule M (Form 990) 2017 FOUNDATION 36-1440200 Page
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
DETROIT EDUCATIONAL TELEVISION FOUNDATION IS REPORTING SCHEDULE M USING
THE NUMBER OF CONTRIBUTIONS RECEIVED.
SCHEDULE M, LINE 32B:
AUTO DONATIONS ARE HANDLED BY THIRD PARTY, INSURANCE AUTO AUCTIONS.
TRADEFIRST.COM SELLS TRADE BALANCES EARNED.

SCHEDULE O

(Form 990 or 990-EZ)

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.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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 15 YEARS IN A ROW. (SOURCE: MARKETING & RESEARCH RESOURCES,
JANUARY 2018).
WRCJ 90.9 FM IS LISTENED TO BY MORE THAN 150,000 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 NOVEMBER 2017, THE 3RD
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) (2017)

LIVE STREAMING SERVICES: PRODUCTION SERVICES ARE PROVIDED TO CONNECT

EVENTS WITH LARGER AUDIENCES. IN FY 2018 THESE INCLUDED THE "HOUSING

AMERICA'S FAMILIES FORUM", "THE FUTURE OF INFORMATION" SERIES,

"REPRESENT: FORGING A NEW FUTURE FOR JOURNALISM AND MEDIA DIVERSITY,"

AND MORE.

DIGITAL ADVENTURE: FOR THREE CONSECUTIVE DAYS IN DECEMBER 2017, DIGITAL ADVENTURE WAS A 360 DEGREE INTERACTIVE EXPERIENCE AT THREE EXCITING METRO-DETROIT LOCATIONS: THE POLK PENGUIN CONSERVATION CENTER AT THE DETROIT ZOO, THE RAPTOR HABITAT AT THE LESLIE SCIENCE & NATURE CENTER IN ANN ARBOR AND THE BAT HABITAT AT THE ORGANIZATION FOR BAT CONSERVATION IN PONTIAC. INQUISITIVE YOUNG MINDS WERE EXPOSED TO THESE EXPERIENCES IN A VIRTUAL FIELD TRIP.

PBS KIDS CHANNEL IN THE COUNTRY DURING FY 2018.

PRE-SCHOOL-U: PSU IS A PLACE-BASED, PARENT / CAREGIVER EDUCATION TRAINING PROGRAMING THAT SUPPORTS AT-RISK FAMILIES WITH EARLY CHILDHOOD DEVELOPMENT, SCHOOL READINESS PREPARATION AND TRAIN THE TRAINER MODULES. IN FY 2018, 10 FREE WORKSHOPS WERE PROVIDED IN UNDERSERVED COMMUNITIES.

COMMUNITY EVENTS: IN FY 2018, TWO FREE COMMUNITY EVENTS WERE ORGANIZED IN DETROIT NEIGHBORHOODS DESIGNED TO ENCOURAGE PRE-SCHOOL ENROLLMENT, EARLY LEARNING, AND FAMILY ENGAGEMENT ACTIVITIES.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization DETROIT EDUCATIONAL TELEVISION FOUNDATION	Employer identification number 38-1440200
PBS EDCAMP: IN AUGUST 2017, PBS KIDS' EDCAMP NATIONAL LAUN	ICH OCCURRED
IN DETROIT WITH MORE THAN 100 EDUCATORS WITH DPTV ACTING A	AS THE PILOT
STATION	
READY TO LEARN: PART OF THE 2010-2015 READY TO LEARN GRAN	T FROM THE
U.S. DEPARTMENT OF EDUCATION, READY TO LEARN USES "TRANSME	EDIA"
PLATFORMS - DIGITAL DEVICES AND APPS - TO BUILD EDUCATOR A	AND STUDENT
SKILLS IN LITERACY AND MATH.	
PBS KIDS: ON ITS MAIN CHANNEL, 56.1, TEN HOURS EACH WEEKD	AY OF TRUSTED
EDUCATIONAL PROGRAMMING FOR CHILDREN IS BROADCAST.	
LEADERSHIP AND PUBLIC POLICY	
MIWEEK: WEEKLY SERIES OFFERING ANALYSIS OF NEWS EVENTS IN	DETROIT AND
MICHIGAN. THIS SERIES ALSO PRODUCED ON-LOCATION LIVE "ROX	ADSHOWS" ABOUT
EDUCATION AND ELECTION ISSUES.	
MACKINAC POLICY CONFERENCE: LIVE GAVEL-TO-GAVEL WEBCAST CO	OVERAGE OF
THREE-DAY CONFERENCE.	
21 DAYS TO EXILE: THROUGHOUT FY 2018, THE STORY OF MARIA	JUAREZ, WHO
WAS BROUGHT INTO THE UNITED STATES AS A BABY, WAS AMPLIFIE	ED THROUGH A
MULTI-MEDIA INITIATIVE THAT HAS INCLUDED RADIO, VIDEO, AND	D PRINT
STORYTELLING.	
ONE DETROIT BUREAU: THE MIDTOWN DETROIT JOURNALISM BUREAU	CONTINUES TO

Schedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17

Name of the organization DETROIT EDUCATIONAL TELEVISION FOUNDATION

TELL DETROIT'S STORY IN COOPERATION WITH OTHER MEDIA OUTLETS AND

COMMUNITY MEMBERS TO REPORT ON RACE RELATIONS, EDUCATION, THE ECONOMY

AND OTHER ISSUES.

ENERGY AND ENVIRONMENT

GREAT LAKES BUREAU: CONTINUED YEAR-ROUND REPORTING ON GREAT LAKES

ISSUES WITH MULTIPLATFORM ENVIRONMENTAL CONTENT.

BENEATH THE SURFACE - THE LINE 5 PIPELINE IN THE GREAT LAKES: THIS HALF

HOUR DOCUMENTARY EXAMINES THE CONTROVERSY SURROUNDING THE LINE 5

PIPELINE BUILT BY ENBRIDGE INC., A PIPELINE THAT WAS CONSTRUCTED AND

PLACED ON THE LAKEBED BETWEEN MICHIGAN'S LOWER AND UPPER PENINSULAS

MORE THAN A HALF CENTURY AGO.

TAPPING THE GREAT LAKES: THE GREAT LAKES BUREAU PRODUCED A HALF HOUR

SPECIAL THAT TOOK A DEEP DIVE INTO SEVERAL METHODS OF WATER WITHDRAWAL

AND THEIR IMPACT ON THE GREAT LAKES.

HEALTH AND WELLNESS

HOW NOT TO DIE WITH DR. MICHAEL GREGER: BASED ON HIS BESTSELLING BOOK,

THIS PROGRAM FROM AUGUST 2017 WILL TAKE YOU THROUGH THE TOP 10 COMMON

CAUSES OF PREMATURE DEATH AND HOW YOU CAN BETTER YOUR CHANCES OF

AVOIDING AND SURVIVING THEM WITH A PLANT BASED DIET.

THE NEW RULES OF FOOD WITH KRISTIN KIRKPATRICK: IN THIS NEW PROGRAM,

KRISTIN KIRKPATRICK, MS, RD, LD BREAKS DOWN HER SIMPLE GUIDELINES THAT

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

WRCJ 90.9 FM: COMMUNITY ENGAGEMENT ACTIVITIES INCLUDED: A) CLASSICAL BRUNCH CONCERT SERIES AT THE COMMUNITY HOUSE IN BIRMINGHAM, MI. B) ON-SITE PRESENCE AT THE DETROIT JAZZ FESTIVAL AND C) OFFICIAL MEDIA SPONSORS OF DSO NEIGHBORHOOD CONCERT SERIES AND MORE.

FREE MOBILE APPS: FREE MOBILE APPS FOR DPTV AND WRCJ ARE NOW ENJOYED BY MORE THAN 18,000 TOTAL USERS.

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

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

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

ANNUALLY, OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY, ASKED TO READ AND REVIEW IT, AND TO COMPLETE A WRITTEN OUESTIONNAIRE AS TO THEIR COMPLIANCE WITH THE POLICY. RESULTS OF THE QUESTIONNAIRES ARE REVIEWED BY THE DIRECTOR OF HUMAN RESOURCES AND THE CHIEF FINANCIAL OFFICER (WHO ALSO MONITORS AND ENFORCES COMPLIANCE), AND SHARED WITH THE FINANCE AND AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD OF TRUSTEES.

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

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

THE COMPENSATION & HUMAN RESOURCE COMMITTEE OF THE BOARD OF TRUSTEES

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

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.

Open to Public Inspection 2017

OMB No. 1545-0047

Employer identification number 38-1440200 JAZZ EDUCATIONAL RADIO DETROIT CLASSICAL AND Direct controlling entity Ξ O.LLC End-of-year assets **(e)** 0 Total income € ► Go to www.irs.gov/Form990 for instructions and the latest information. DETROIT EDUCATIONAL TELEVISION Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ▶ Attach to Form 990. MICHIGAN Primary activity EMPLOYEE LEASING FOUNDATION Name, address, and EIN (if applicable) of disregarded entity RADIO SERVICES LLC - 81-5064486 Name of the organization WIXOM, MI 48393 Department of the Treasury Internal Revenue Service CLOVER COURT Part

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)	trolled	ıtity?	<u>Q</u>								8	
	Section	COD	er	Yes									
1	(£)	Direct controlling	entity										
	(e)		status (if section	501(c)(3))									
	(D)	Exempt Code	section										
	(0)	Legal domicile (state or	foreign country)										
	(q)	Primary activity											
organizations during the tax year.	(a)	Name, address, and EIN	of related organization		ALADAMINI ALADAMA ANTONINY ALABAMANINY ALABAMANIN'I PROPERTY ALABAMANINA ANTONIN'I PROPERTY P	A A A A A A A A A A A A A A A A A A A	The state of the s	The state of the s	ALLEGATION CONTRACTOR	A CAMADA AND AND AND AND AND AND AND AND AND	A CANADA MANAGAMAN AND AND AND AND AND AND AND AND AND A	The state of the s	

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

59

Schedule R (Form 990) 2017

FOUNDATION Schedule R (Form 990) 2017

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. Part III

Page 2

38-1440200

General or Percentage managing ownership 区 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ (g) Share of end-of-year assets Share of total income (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (d) | Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>a</u> 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 frust during the tax year. Part IV

organizations treated as a corporation or trust during the tax year.	uring the tax year.								1
(a)	(q)	(2)	©	(a)	€	(6)	(F)		_ 8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	25 Jac 139 C
		country)		or trust)		assets		Yes No	٩
VISION COMMUNICATIONS, INC 38-2418615			DETROIT						
1 CLOVER COURT			EDUCATIONAL						
WIXOM, MI 48393	COMMUNICATIONS	MI	TELEVISION	C CORP	.0	٠0	100%	×	
A LANGE TO THE PARTY OF THE PAR									
TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE								_	
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Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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

The state of the s					Vac	2
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			9 =	1000		2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Farls inve	is with one or more rel	ated organizations listed II	realts link:	,		>
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у.			EG .	\dagger	4
				1b		×
				,		×
c Gift, grant, or capital contribution from related organization(s)					l	
d I cans or loan quarantees to or for related organization(s)				=		4
				6		×
e Loans or loan guarantees by related organization(s)					100	100
						ŀ
f Dividends from related organization(s)				#		×
ו ביות הפות או מונון ופוסיפת מו למיות שמיים ו(פ)				Ç		×
g Sale of assets to related organization(s)				-		þ
h Purchase of assets from related organization(s)				=		4 1
Exchange of assets with related organization(s)				; =		×
The second in the second secon				=		×
J Lease of Tachitles, equipment, of outer assets to related organization(s)						
1. I among the silition on immost or other seests from related organization(s)				¥		×
K Lease of tackines, equipment, or outer assets from relations for relation and properties (s)	anization(s)			=		×
	mization(s)			Ę		M
	internally)			=		×
	(e) I (o)			Ş		×
 Sharing of paid employees with related organization(s) 				2		
						•
n Reimbursement paid to related organization(s) for expenses				1		×
Peimbursement paid by related organization(s) for expenses				19		×
d heilinglesellent bald by leated digalization(s) to oppose the				900000		
				· +		×
 r Other transfer of cash or property to related organization(s) 				1		>
s Other transfer of cash or property from related organization(s)				15		4
	who must complete th	is line, including covered n	elationships and transaction thresholds.			
1	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	t involved		
	type (a-s)		A CONTRACTOR OF THE PROPERTY O			
(1)						
(2)						
(3)			A SALAKAMANINA ANALYSI MATTA A			
(4)			A TABLE DE LA CONTRACTOR DE LA CONTRACTO			
(5)						
(9)					8	Š
732163 09-11-17	į		PALIDO	Schedule K (Form 990) ZU I.	1000	3

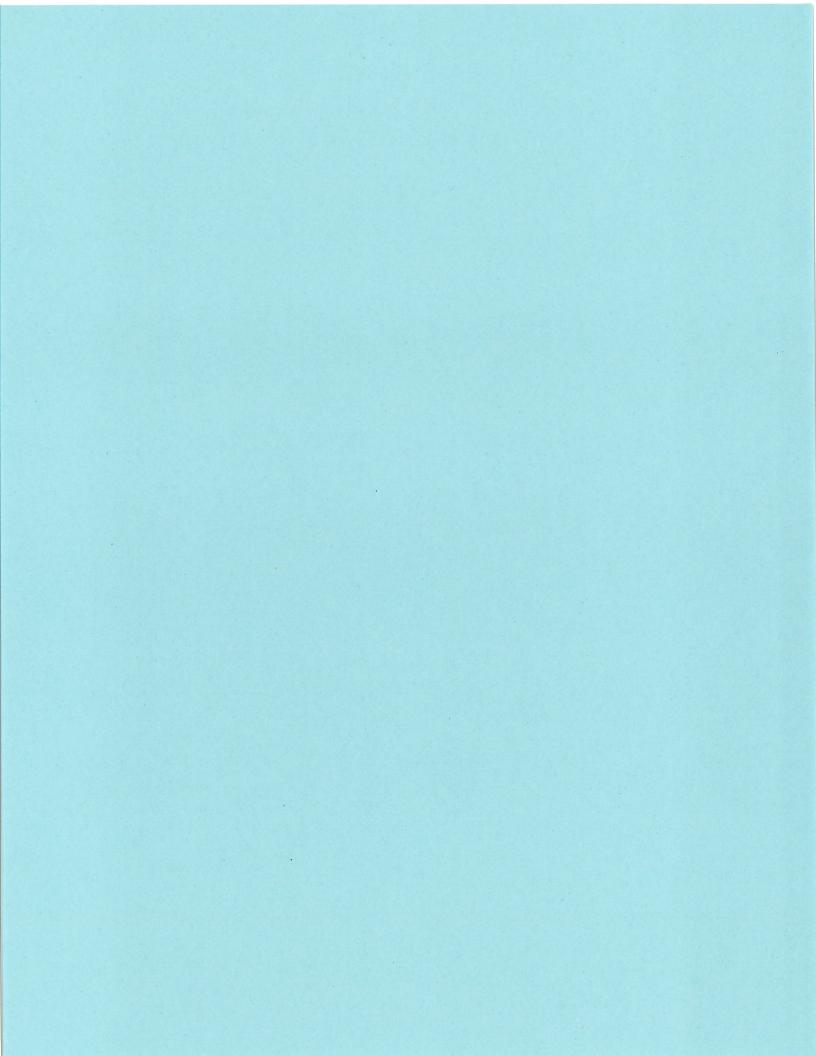
FOUNDATION

Schedule R (Form 990) 2017

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.

S the																			Ì	501
Perc	tionate amount in box 20 managing ownership allocations? of Schedule K-1 partner? Ves No (Form 1065) Yes No																			Schedule R (Form 990) 2017
(j) aneral or	managing partner? Yes No						 	 \neg			 								\dashv	(Form
<u>ŏ</u> 	1X 20 m K-1 m 5) Y								 					 	-			 	 	dule R
(i) de V-UI	nt in bo hedule rm 106																			Sche
8	amoul of Sc (Fo				 	 					 					 			_	
(h) Dispropor-	tionate allocations? Yes No	 		1									 ·····		-		 			
(g) Share of	end-of-year assets																			
හි	end																			
				\dashv					 					 				 	 	
(f) Share of	total income																			
	j. 12																			
- Fe								 				····	 				 		 	
Are Are	501(c)(3) 16r 0/05.7					 		 								 	 			
ncome	ax under 514)																			
(d)	ad, unre from t ins 512																			
Predor	(related, unrelated, excluded from tax under sections 512-514)																			
977	aign a		······					 					 							
(c)	gal confit te or fore country)																			
9	(state or foreign country)																			
												**********					•			
i i	Primary activity																			
(a)	mary																			
à	Ī																			
									I	T				Γ	T		T	ľ		
2	z																			
7	and El																			
(a)	Name, address, and EIN of entity																			
	ne, ad of																			
	g Z																			
(a) (b) (c) (d) (d)																				



Form 990-T	E	Exempt Organization Bus	ines	ss Income T	ax Return	ı L	OMB No. 1545-0687
		(and proxy tax unde			** 20 001		2017
	For ca	tendar year 2017 or other tax year beginning JUL 1,				<u>8</u> .	ZU 17
Department of the Treasury Internal Revenue Service	>	► Go to www.irs.gov/Form990T for ins Do not enter SSN numbers on this form as it may	be mad	e public if your organiz			Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of DETROIT EDUCATIONAL TEI				D Employ (Emplo instruc	yer identification number yees' trust, see :tions.)
B Exempt under section	Print	FOUNDATION				38	3-1440200
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	, see in:	structions.			ted business activity codes structions.)
408(e)220(e)	Туре	1 CLOVER COURT					,
408A 530(a)		City or town, state or province, country, and ZIP or WIXOM, MI 48393	foreign	postal code		5324	120 515100
			<u> </u>				
C Book value of all assets at end of year 22,681,8	80.	G Check organization type ► X 501(c) corp) trust	Other trust
H Describe the organization	n's prim	ary unrelated business activity. FACILIT	IES	AND PRODUC	TION EQUI	PMEN	T RENTALS
I During the tax year, was	the corp	ooration a subsidiary in an affiliated group or a paren				Yes	
If "Yes," enter the name a	and iden	tifying number of the parent corporation. 🕨					
J The books are in care of	> (OLLETTE E. BOYD, CFO ANI) AS				
<u> </u>		de or Business Income		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale							
b Less returns and allo		c Balance	1c				
		2 A, line 7)	2				
3 Gross profit. Subtrac			3 4a				
		ch Schedule D) Part II, line 17) (attach Form 4797)	4a 4b				<u></u>
		sts	4c			Matter.	
		nips and S corporations (attach statement)	5		September 1	1444	., ,
6 Rent income (Schedu		ipo uno o corporationo (attach otatorioni)	6	140,736.	44,1	66.	96,570.
•	•	me (Schedule E)	7	•			•
		and rents from controlled organizations (Sch. F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt act	ivity inco	ome (Schedule I)	10				
		e J)	11				
		ns; attach schedule)	12			Addaha	
		ıgh 12	13	140,736.		L66.	96,570.
		ot Taken Elsewhere (See instructions for utions, deductions must be directly connected					
· · · · · · · · · · · · · · · · · · ·						144	
	ticers, d	irectors, and trustees (Schedule K)				14	
15 Salaries and wages						16	
						17	
						18	
						19	
		e instructions for limitation rules)				20	
		1562)				Vete	
22 Less depreciation c	laimed o	on Schedule A and elsewhere on return		22a		22b	
						23	
24 Contributions to de	ferred co	ompensation plans				24	
25 Employee benefit p	rograms					25	
		chedule I)				26	
		chedule J)				27	
		chedule)				28	0.
		s 14 through 28				29	96,570.
		income before net operating loss deduction. Subtraction (limited to the amount on line 30)				30 31	96,570.
		n (limited to the amount on line 30)income before specific deduction. Subtract line 31 fr				32	0.
		lly \$1,000, but see line 33 instructions for exceptions				33	1,000.
· ·		e income. Subtract line 33 from line 32. If line 33 is					
		C INCOME. Cabitact into Co it on the Cabit into Co it	_			34	0.
		erwork Reduction Act Notice, see Instructions.					Form 990-T (2017)

_	_	_	_	-	_	_	_		_	 	_	-	 ٦
-	^	T7	—	TI	_	7	m:	TON					

Form 990-T	(2017) FOUNDATION		3	8-144	020	0	1	Page 2
Part II	Tax Computation							
	Organizations Taxable as Corporations. See instructions for tax computation.							
	Controlled group members (sections 1561 and 1563) check here See instructions and	q.						
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)							
a			f					
			_					
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		ᆜ					
	(2) Additional 3% tax (not more than \$100,000)							0
C	Income tax on the amount on line 34				35c	-		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 34	from:					
	Tax rate schedule or Schedule D (Form 1041)			▶	36			
37	Proxy tax. See instructions				37			
38	Alternative minimum tax				38			
39	Tax on Non-Compliant Facility Income. See instructions				39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40			0.
	✓ Tax and Payments							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a						
b	Other credits (see instructions)							
D O								
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	410			440	100		
е	Total credits. Add lines 41a through 41d				41e			0.
42	Subtract line 41e from line 40				42			<u> </u>
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88		Other (attac		43			0.
44	Total tax. Add lines 42 and 43	1			44			0.
	Payments: A 2016 overpayment credited to 2017	45a						
	2017 estimated tax payments	45b						
C	Tax deposited with Form 8868	45c			_			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d						
е	Backup withholding (see instructions)	45e						
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f						
a	Other credits and payments: Form 2439							
	Other credits and payments:	45g						
46	Total payments. Add lines 45a through 45g				46			
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached				47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				48			0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid				49			0.
50	Enter the amount of line 49 you want; Credited to 2018 estimated tax		Refund		50			
	Statements Regarding Certain Activities and Other Information	n (see						
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature			,			Yes	No
31	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the 1							
		ioroigir oc	ound y				CHARLAGE MODE	х
	here	raneforor	to a foreign	truet2				X
52		ialisielui	to, a loreigi	rustr				11
	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	atomonto o	and to the best	of my knowl	odgo an	d balief it is tr	10	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of properer (other than taxpayer) is based on all information of which prepare CFO ANI	er has any k	nowledge.	rm _	euge an	d beller, it is a	uo,	
Here			PTP.I.VIV		viay u io	ii to discuss tii	is rotain i	with
11616	TREASUR	KEK				arer shown be		٦ ا
	Stynature of officer Date Title				- T		es_	No
	Print/Type preparer's name Preparer's signature Da	ate	Che	eck L	if P	TIN		
Paid				f- employed			. .	
Prep		0/19/				P00904		
Use	Only Firm's name ► PLANTE & MORAN, PLLC		Fir	rm's EIN 🕨	<u> </u>	38-13	795	1
	27400 NORTHWESTERN HIGHWAY				121 Jr. 14	200	_C	
·	Firm's address ► SOUTHFIELD, MI 48034		Ph	none no.	(24	8) 352		
						Form 9	990-T	(2017)

Form 990-T (2017) 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	btract line 6	- XX		
3 Cost of labor	. 3		from line 5. Enter here a	and in Part I,	JANA.		
4a Additional section 263A costs			line 2		. 7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	equired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				<u> </u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Personal Property L	eased With Real Pr	operty)		
1. Description of property							
(1) PRODUCTION STUDIO	OS, PROI	OUCTION T	RUCK AND PRODU	CTION EQUIPM	ENT		
(2)							
(3)							
(4)							
	2. Rent recei	ed or accrued		0/-1/D-d-mis-us dis		and with the income	i_
(a) From personal property (if the perconal 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)	3(a) Deductions dir columns 2 SEE ST	(a) and 2(b) (a	ttach schedule)	ın
(1)			140,7	36.		44,1	166.
(2)							
(3)							
(4)			MMM				
Total	0.	Total	140,7	36.			
(c) Total income. Add totals of columns here and on page 1, Part i, line 6, column Schedule E - Unrelated Deb	ı (A)	>	140,7	36. (b) Total deduction Enter here and on page Part I, line 6, column (8	± 1.	44,	166.
Schedule E - Officialed Dec	nt-rmancet	income (see	instructions)	3. Deductions directly	, connected y	with or allocable	
			2. Gross income from		inanced prop		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciatio (attach schedule)	n	(b) Other deduction (attach schedule	
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fin	e adjusted basis allocable to anced property ch schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Affocable dedu column 6 x total of 3(a) and 3(b)	columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A).		Enter here and on pa Part I, line 7, colum	
Totale			_		0.		0.
Totals Total dividends-received deductions in				<u></u>			0.

Form 990-T (2017)

Form 990-T (2017) FOUNDATION

Schedule F - Interest,	Annuities, Roya	alties, ar		From Co. Controlled O			tions	(see ins	tructions)
Name of controlled organiza	ution 2.	Employer		elated income		l of specified	5, Part	of column 4 t	hat is	6. Deductions directly
1. Hans of controlled of gamze	ider	atification number		instructions)		ents made	include	d in the control tion's gross in	olling	connected with income in column 5
(1)										
(2)									i	• • •
(3)										
(4)										
Nonexempt Controlled Organ	uzations				<u> </u>				•	
7. Taxable Income	8. Net unrelated in	come (loss)	0 Total	of specified pays	nents	10. Part of colu	mn 9 that	is included	11 Ded	uctions directly connected
y, Taxable Rooms	(see instruct		9. 1012	made		in the controll	ing organi s income	zation's		ncome in column 10
(1)										
(2)										
(3)										
(4)										
			. 1			Add colur Enter here and line 8,		1, Part I,	Enter he	t columns 6 and 11. re and on page 1, Part I, ine 8, column (B).
T-4-1-							·	0.		0.
Schedule G - Investme	ont Incomo of	Continu	- F01(a)(7	/\ (0\ or (17) Ora	anization				<u>.</u>
	ent income or a structions)	a Section	1 50 1(0)(1), (9), or (ii) Oig	amzauom				
(366 113	ill dottorio)					3. Deduction	ne en			5, Total deductions
1. Des	scription of income			2. Amount of	încome	directly conn	ected	4. Set- (attach s	asides schedule)	and set-asides
(4)						(attach sche	dule)	•	•	(col. 3 plus col. 4)
(1)										
(2)		***************************************								
(3)										
(4)	www.					1000 A C 500 A C 600 A	. 15 - 44 - 54 - 5	1,5-5-5-5-5	520,5574540404	Y man and a second
			_	Enter here and Part I, line 9, co	olumn (A).					Enter here and on page 1 Part I, line 9, column (8).
Totals	• F • A - • •		Otto	The area A all	0.	windinging.		elektra jadilina	J. 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	0.
Schedule I - Exploited	i Exempt Activi ructions)	ity incom	ie, Other	I Hall Au	ver usiri	y income				
(See mor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			T 4 31-32	(1)					T _
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directl with of	Expenses y connected production unrelated ess income	4. Net incor from unrelate business (c minus colun gain, compu through	d trade or olumn 2 en 3), If a le cols, 5	 Gross income activity is not unrelated business income. 	that ited	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						•				
(2)										
		_								
(3)										
(4)	Enter here and on	Enter	here and on	energy in the life			NASA SASA			Enter here and
	page 1, Part I,	pag	e 1, Part I,							on page 1, Part It, line 26.
	line 10, col. (A).		10, col. (B).							÷1
) .	<u> </u>		10,634,123,123			ivijaksit <u>y</u> i		0.
Schedule J - Advertis		ee instructi	<u>-</u>	11 _ 1 _ 4 1	D!-					
Part I Income From	Periodicals R	eportea	on a Con	isolidated	basis					
	<u> </u>			4 0 44 40	tising gain			Ţ		7. Excess readership
1. Name of periodical	2. Gro advertis incom	ing ,	3. Direct divertising costs	or (loss) (col. 3). If a	rtising gain col. 2 minus gain, compul through 7.	5. Circul incom		6. Read		costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)				SHEAR S		123				
Totals (carry to Part II, line (5))	>	0.	().						0 Form 990-T (201

%

%

▶

Form 990-T (2017) FOUNDATION

Total. Enter here and on page 1, Part II, line 14

(3)

(4)

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.) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership costs (column 6 minus column 5, but not more than column 4). 2. Gross advertising 5. Circulation income 6. Readership costs Direct 1. Name of periodical advertising costs income (1) (2) (3) (4) 0. 0. 0 Totals from Part I Enter here and Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). on page 1, Part II, line 27. 0. (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1. Name % (1) % (2)

Form 990-T (2017)

0.

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

	DETROIT EDUCATIONAL TELEVISION			Employer identification number
	FOUNDATION		1 33 3 3 3 5	38-1440200
	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).			
			Mini	
1	Taxable income or (loss) before net operating loss deduction		1_1_	95,570.
2	Adjustments and preferences:			
а	Depreciation of post-1986 property		2a	
b	Amortization of certified pollution control facilities		2b	
C	Amortization of mining exploration and development costs		2c	
ď	Amortization of circulation expenditures (personal holding companies only)		2d	
e	Adjusted gain or loss		2e	
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
- 1	Depletion		21	
m	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		2n	
0	Other adjustments and preferences		20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	95,570.
4	Adjusted current earnings (ACE) adjustment;		1:4	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 95,570.		
	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions	4b 0.		
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
	Enter the excess, if any, of the corporation's total increases in AMTI from prior			
_	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note; You must enter an amount on line 4d			
	(even if line 4b is positive)	4d		
e	ACE adjustment.		7	
Ū	If line 4b is zero or more, enter the amount from line 4c	`		
	 If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount)	46	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	J	5	95,570.
6	Alternative tax net operating loss deduction. See instructions		6	86,013.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a			
•	interest in a REMIC, see instructions		7	9,557.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on			:
	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-	8a 0		
b		8b 0		
_	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control		7	<u>.</u>
C	group, see instructions. If zero or less, enter -0-		8c	40,000.
			9	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-		10	0.
10	Multiply line 9 by 20% (0.20) Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
11	- , .		12	0.
12	Tentative minimum tax. Subtract line 11 from line 10 Regular tax liability before applying all credits except the foreign tax credit		13	
13	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her		13	
14	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax returns.		14	0.
04/4		,	1 14	Form 4626 (2017)
JWA	For Paperwork Reduction Act Notice, see separate instructions.			10110 4050 (501)

Adjusted Current Earnings (ACE) Worksheet

	➤ See ACE Worksheet Inst	ructions.		
A D II I AMTERIA	. t T 1000			95,570.
1 Pre-adjustment AMTI. Enter the amount from line 3	of Form 4626		1 80(80%)	93,370.
2 ACE depreciation adjustment:		اما		
		2a		
b ACE depreciation:	[
(1) Post-1993 property				
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)		A19356 433533	
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1) thro		2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) fr	om line 2a		2c	
3 Inclusion in ACE of items included in earnings and	profits (E&P):		25 A-A-A-A-A 24 A-A-A-A-A 24 A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	
a Tax-exempt interest income		3a		
a manufacture and a second		1		
c All other distributions from life insurance contracts	(including surrenders)	3c	33933 33933	
d Inside buildup of undistributed income in life insura	ince contracts	3d		
e Other items (see Regulations sections 1.56(g)-1(c)				
		3e	第2 篇	
f Total increase to ACE from inclusion in ACE of item			3f	
4 Disallowance of items not deductible from E&P:				***************************************
a Certain dividends received		4a		
Dividends paid on certain preferred stock of public utilities th		···	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 1:		4b	NA.	
c Dividends paid to an ESOP that are deductible under				
d Nonpatronage dividends that are paid and deductib	, ,			
1382(c)		4d		
e Other items (see Regulations sections 1.56(g)-1(d)				
partial list)	. , , , , ,	4e		
f Total increase to ACE because of disallowance of it			4f	
5 Other adjustments based on rules for figuring E&P		istoo ta tiirougii to		
		5a		
1.01 1.11		Ft.		
0 - 1 - 1				
I t-tltt		F		
f Total other E&P adjustments. Combine lines 5a thr	-			<u> </u>
- · · · · · · · · · · · · · · · · · · ·				
7 Acquisition expenses of life insurance companies f		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8 Depletion			t t	
9 Basis adjustments in determining gain or loss from			9	
10 Adjusted current earnings. Combine lines 1, 2c, 3	it, 4t, and 5t through 9. Enter the res	suit nere and on line 4a of		05 570
Form 4626			10	95,570.

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.	112,518.	99,515.	99,515.
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 CARRYO	VER AVAILABLE THIS	YEAR	1,176,876.	1,176,876.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 2
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
REPAIRS AND WAGES OCCUPANCY OTHER DEPRECIATION					2,366. 30,852. 3,405. 329. 7,214.	
	•	- SUBTOTA	L -	1	,,222	44,166.
TOTAL TO FOR	RM 990-т, SCHEDU	LE C, COLU	MIN 3			44,166.

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.	99,466.	53,900.	
06/30/14 06/30/15	55,260. 7,875.	0. 0.	55,260. 7,875.	
AMT NOL CA	RRYOVER AVAILABLE T	HIS YEAR	117,035.	