# Public Disclosure Copy

# **Form 990**

# \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

# **Public Inspection Requirement**

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

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

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

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

### \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	ror tr	e 2019 calendar year, or tax year beginning 000 1, 2019 and e	enaing J	UN 30, 2020	
В	Check if applicat	C Name of organization DETROIT EDUCATIONAL TELEVISION		D Employer identific	cation number
	Addr chan				
F	Name chan	DEMPORE DIDITE MY WOOT OO	9 FM,	38-14402	00
F	Initia returi		Room/suite	E Telephone number	-
	Final	1 CLOVED COUDT	toon, outo	(248) 30	
	termi ated			G Gross receipts \$	18,468,475.
	Amer	nded WIYOM MT 49202		H(a) Is this a group re	
F	Appli		G	for subordinates	
	pend	SAME AS C ABOVE	•	H(b) Are all subordinates in	
$\overline{}$	Tav.6\	xempt status: X 501(c)(3) 501(c) ( )	527	1 ' '	list. (see instructions)
		ite: WWW.DPTV.ORG	0Z1	H(c) Group exemptio	,
_		forganization: X Corporation Trust Association Other	I Vear		State of legal domicile: MI
	art I	Summary	L TCai	or formation. ±333   N	1 State of legal dofficile, 222
	1	Briefly describe the organization's mission or most significant activities: DPTV	SHARE	S THE POWER	OF MEDIA
ခ်	.	TO FOSTER KNOWLEDGE AND UNDERSTANDING BY:		PROVIDING OU	
Jan	2	Check this box  if the organization discontinued its operations or dispose			
Veri	3	•		3	36
ģ	4	Number of independent voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			35
≪	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			119
ties	6				188
Activities & Governance	7.	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			8,014.
Ą	' a	Net unrelated business taxable income from Form 990-T, line 39			0,014.
_	"	Thet difference business taxable income from Form 990-1, life 39		Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)		16,485,296.	16,630,566 <b>.</b>
ne	8	Contributions and grants (Part VIII, line 1h)		990,878.	713,400.
Revenue	9	Program service revenue (Part VIII, line 2g)		47,769.	191,256.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		420,894.	602,695.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,944,837.	18,137,917.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,000.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			7,372,648.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,275,158. 1,188,216.	1,295,128.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	1,100,210.	1,293,120.
Ω X	b	Total fundraising expenses (Part IX, column (D), line 25)   4,243,79		0 071 405	0 600 042
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,871,495.	8,608,843.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,349,869.	17,276,619.
	19	Revenue less expenses. Subtract line 18 from line 12		594,968.	861,298.
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		23,925,254.	26,338,307.
etA	21	Total liabilities (Part X, line 26)		5,963,251.	7,576,299.
		Net assets or fund balances. Subtract line 21 from line 20		17,962,003.	18,762,008.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
		Signature of officer		l Date	
Sig		'	. CIID III		
Hei	re		ASUREF	{	
		Type or print name and title	Tr	Data labor E	DTIN
		Print/Type preparer's name  Preparer's signature		Date Check	PTIN
Pai		TINA M. PETERS TINA M. PETERS		.1/03/20 self-employ	
	parer	Firm's name PLANTE & MORAN, PLLC		Firm's EIN ▶	38-1357951
Use	Only	Firm's address 2601 CAMBRIDGE CT., STE. 500		, -	40) 255 5422
_		AUBURN HILLS, MI 48326		Phone no. (2	48) 375-7100
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	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:
	EDUCATE, ENGAGE, ENTERTAIN, AND INSPIRE THROUGH THE POWER OF PUBLIC
	MEDIA.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?  Yes X No
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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	(Code:) (Expenses \$5, 246, 044. including grants of \$) (Revenue \$)
	BROADCAST
	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.
	WITHING AND AND DUDI TO MANAGE TOO DESCRIPTION OF THE PROPERTY
	VIEWERSHIP AND PUBLIC TRUST FOR DETROIT PUBLIC TELEVISION:
<u></u>	(Code:) (Expenses \$4, 221, 691. including grants of \$) (Revenue \$936, 388.)
40	(Code:) (Expenses \$ 4,221,091. including grants of \$) (Revenue \$) PRODUCTION & CONTENT CREATION
	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.
	ADEC AND CHIEFIDE
	ARTS AND CULTURE
	DETROIT PERFORMS. A WEEKLY TV SERIES AND WEBSITE TO ENCOURAGE
	PARTICIPATION IN THE ARTS IN GREATER DETROIT.
4c	(Code:) (Expenses \$1,018,864. including grants of \$) (Revenue \$)
	ENGAGEMENT & OUTREACH
	DETROIT PUBLIC TELEVISION AND WRCJ 90.9 FM ARE COMMITTED TO CREATING
	POSITIVE OUTCOMES IN SOUTHEAST MICHIGAN. WE PROVIDE ON-AIR AND ONLINE
	RESOURCES, SPECIAL EVENTS, AND SOCIAL MEDIA DIALOGUE WITH A GOAL OF FOSTERING KNOWLEDGE, COLLABORATION AND ACTION.
	FOSTERING RNOWHEDGE, COHHADORATION AND ACTION.
	IN ADDITION TO THE PRODUCTIONS LISTED ABOVE, EXAMPLES OF SUCCESSFUL
	COMMUNITY ENGAGEMENT ACTIVITIES THIS YEAR INCLUDED:
	ASIAN AMERICANS VIRTUAL EVENT. DPTV HOSTED A VIRTUAL ENGAGEMENT EVENT
	TO PROMOTE THE PBS SERIES, "ASIAN AMERICANS," AND TO CELEBRATE THE MANY
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 10,486,599.
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _		₩.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	, ,	8		x
0	Schedule D, Part III	<b>├°</b>		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u		11a	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		**	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	l .		.,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	(2019)
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DETROIT EDUCATIONAL TELEVISION FOUNDATION

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OE L		x
06	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ا		_ v
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0.0		v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<del></del>
50	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai		_ 55		
	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			
	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	
02200	1 11 20 20			/2019\

FOUNDATION 38-1440200 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 119 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

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Х

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū		3		х
4	of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		X
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 22
7a		7-		Х
	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			х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	OLLETTE E. BOYD, CFO AND ASSISTANT TREASURER - 248-305-3701			
	1 CLOVER COURT, WIXOM, MI 48393-2247			

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

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

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

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

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

See instructions for the order in which to list the persons above.

Compensation   Comp	<b>(A)</b> Name and title	(B) Average hours per	box	not c , unle:	Posi heck i ss per	more son is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
PRESIDENT & CEO		(list any hours for related organizations below line)	_						the organization	organizations	compensation from the organization and related
COLLETTE E. BOYD			Х		х				318,936.	0.	24,682.
GEORGEANN HERBERT-MYERS	(2) OLLETTE E. BOYD								·		•
GEORGEANN HERBERT-MYERS	ASSISTANT TREASURER & CFO	0.00			Х				188,517.	0.	19,350.
A	(3) GEORGEANN HERBERT-MYERS	40.00									-
A	SVP STRATEGY AND ENGAGEMENT						Х		152,171.	0.	18,544.
STEPHEN J. DANOWSKI	(4) JAMIE WESTRICK	40.00									
Director of Business Development	SVP BUSINESS DEVELOPMENT - THRU 1/20	0.00					Х		145,124.	0.	20,332.
CACOLOGIC   CACO	(5) STEPHEN J. DANOWSKI										
SVP PRODUCTION	DIRECTOR OF BUSINESS DEVELOPMENT						Х		136,558.	0.	18,456.
Truste	(6) FRED NAHHAT										
SVP BROADCASTING							X		131,470.	0.	19,902.
Case	, , , , , , , , , , , , , , , , , , , ,									_	
ASSISTANT SECRETARY - THRU 8/19							X		133,275.	0.	17,933.
Column			1								
ASSISTANT SECRETARY					X				139,401.	0.	10,710.
TRUSTEE			-						100 000	•	2 222
TRUSTEE					X				120,992.	0.	3,993.
TRUSTEE										•	
TRUSTEE			X						0.	0.	0.
TRUSTEE			3,7							0	•
TRUSTEE 0.00 X 0.00 0.00 0.10 0.10 0.10 0.10 0.			X						0.	0.	0.
TRUSTEE			v							0	0
TRUSTEE 0.00 X 0. 0. 0  (14) LOREN BAIDAS 0.50  TRUSTEE 0.00 X 0. 0. 0. 0  (15) JENNIFER Z. BELVEAL 0.30  TRUSTEE 0.00 X 0. 0. 0. 0  (16) MARK BERNSTEIN 0.30  TRUSTEE 0.00 X 0. 0. 0  (17) MARK BOHEN 0.30			Λ						0.	0.	0.
TRUSTEE			v						_	n	0
TRUSTEE 0.00 X 0. 0. 0  (15) JENNIFER Z. BELVEAL 0.30  TRUSTEE 0.00 X 0. 0. 0  (16) MARK BERNSTEIN 0.30  TRUSTEE 0.00 X 0. 0. 0  (17) MARK BOHEN 0.30			Λ	$\vdash$					0.	0.	0.
(15) JENNIFER Z. BELVEAL     0.30       TRUSTEE     0.00 X       (16) MARK BERNSTEIN     0.30       TRUSTEE     0.00 X       (17) MARK BOHEN     0.30			x						n	n	0.
TRUSTEE 0.00 X 0. 0. 0  (16) MARK BERNSTEIN 0.30  TRUSTEE 0.00 X 0. 0. 0  (17) MARK BOHEN 0.30			-22	$\vdash$						0.	<u> </u>
(16) MARK BERNSTEIN       0.30         TRUSTEE       0.00         (17) MARK BOHEN       0.30			х						0.1	0.	0.
TRUSTEE 0.00 X 0. 0. 0 (17) MARK BOHEN 0.30				$\vdash$						J •	J •
(17) MARK BOHEN 0.30			х						0.1	0.	0.
			1								0.1
			Х						0.	0.	0.

Part VII   Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0	C)			(D)	(E)		(F)	
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	E:	stimate	∍d
	hours per	box	, unles	ss pe	rson i	s both	an	compensation	compensation	ar	mount	of
	week		cer an	ia a a	irecto	r/trust	iee)	from	from related		other	
	(list any	recto						the	organizations	1	npensa	
	hours for related	or di	ee ee			ated		organization	(W-2/1099-MISC)	1	rom th	
	organizations	ustee	trustee		9 0	npens		(W-2/1099-MISC)		1 '	ganizat d relat	
	below	dual tr	tional	١.	yoldı	st con yee	_			1	anizati	
	line)	Individual trustee or director	Institutional t	Officer	sey employee	Highest compensated employee	Former			0.9	arnzar	0110
(18) KENNETH CLARKSON	0.50		_		<u>x</u>	- 0	_					
TRUSTEE	0.00	Х						0.	0.			0.
(19) SANDRA ENNIS	1.50											
SECRETARY	0.00	Х		Х				0.	0.			0.
(20) JENNIFER FIORE	0.30											
TRUSTEE	0.00	Х						0.	0.			0.
(21) MICHELLE GREENE	0.50											
TRUSTEE	0.00	Х						0.	0.			0.
(22) JACQUELINE HOWARD	0.30							_				
TRUSTEE	0.00	Х						0.	0.			0.
(23) JOYCE JENEREAUX	2.00											
CO-CHAIR DEVELOPMENT COMMITTEE	0.00	Х		Х				0.	0.			0.
(24) FRANK JONNA	0.50							_				
TRUSTEE	0.00	Х						0.	0.			0.
(25) STEVEN KALCZYNSKI	0.50	1						_				
VICE CHAIR HR & COMP COMMITTEE	0.00	Х		X				0.	0.			0.
(26) HANNAN LIS	3.00			l								_
CHAIR	0.00	X		X				0.	0.	1 -	2 2	0.
1b Subtotal								1,466,444.	0.	15	3,9	
c Total from continuation sheets to Part								0.	0.	1 -		0.
d Total (add lines 1b and 1c)							<u> </u>	1,466,444.	0.	15	3,9	02.
2 Total number of individuals (including bu		ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			1 4
compensation from the organization	<u> </u>										1	14
											Yes	No
3 Did the organization list any former office			•	•	•		_	·	•			37
line 1a? If "Yes," complete Schedule J fo										3		X
4 For any individual listed on line 1a, is the	•		•					•	· ·		v	
and related organizations greater than \$										4	X	
5 Did any person listed on line 1a receive										_		Х
rendered to the organization? If "Yes," or Section B. Independent Contractors	complete Schedule	e J f	or su	ıch į	oers	on .				5	<u> </u>	- 21
Complete this table for your five highest	compensated inc	lene	nder	nt co	ntra	actor	e th	nat received more than \$	100 000 of company	tion fr	om	
the organization. Report compensation	•	-							· · · · · · · · · · · · · · · · · · ·	anon il	0111	
the organization. Report compensation	or the calculat ye	Jai C	<i>i</i> rull	ıg w	(	, VVI		(R)	Jui.		<u></u>	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CPD-CONTRI DEV PARTNERSHIP	MEMBERSHIP &	
PO BOX 412299, BOSTON, MA 02241-4670	FUNDRAISING	1,161,090.
FOREST INCENTIVES		
790 JACKSONVILLE ROAD, WARMINSTER, PA 18974	PREMIUM FULFILLMENT	359,173.
ACD DIRECT INC, 520 N MARKETPLACE DRIVE,		
CENTERVILLE, UT 84014	ANSWERING SERVICE	151,408.
WGBH EDUCATIONAL FOUNDATION	MEMBERSHIP &	
PO BOX 414670, BOSTON, MA 02241-4670	FUNDRAISING	141,007.
PHOENIX PRESS		
1775 BELLINGHAM DRIVE, TROY, MI 48083	MAIL SERVICE	110,575.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 FOUNDATION 38-1440200

Form 990 FOUNDATIO	J14								38-144	
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	rector				omple		organization	(W-2/1099-MISC)	from the
	hours for	ordirector	e e			ated 6		(W-2/1099-MISC)		organization
	related	ustee	trust		96	suedu				and related
	organizations below	ual tr	tional		yoldı	tcom	_			organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) TONYA MATTHEWS	0.50	=	=	$\overline{}$			_			
VICE CHAIR GOVERNANCE & NOMINATING C	0.00	Х		х				0.	0.	0.
(28) CHARLES METZGER	0.50	Δ		Δ				0.	0.	0.
TRUSTEE		Х						0.	0.	0.
(29) CHARLIE MORET	0.00	Δ						0.	0.	<u> </u>
	0.50	<b>.</b> ,							_	_
TRUSTEE	0.00	Х						0.	0.	0 .
(30) DONNA MURRAY-BROWN	1.00	.,		7.7					_	
DESIGNATED CHAIR ELECT	0.00	Х		Х				0.	0.	0 .
(31) TIMOTHY NICHOLSON	2.00									
CHAIR ELECT & CHAIR HR & COMP COMM.	0.00	Х		Х				0.	0.	0 .
(32) BYRON PITTS	0.30	ļ								
TRUSTEE	0.00	Х						0.	0.	0 .
(33) REUBEN RASHTY	1.50								_	_
CO-CHAIR DEVELOPMENT COMMITTEE	0.00	Х		Х				0.	0.	0.
(34) MELISSA ROY	2.00									
CHAIR GOV. & NOMINATING COMMITTEE	0.00	Х		Х				0.	0.	0.
(35) PAULA SILVER	0.50									
TRUSTEE	0.00	Х						0.	0.	0 .
(36) BRAD SIMMONS	0.50									
TRUSTEE	0.00	Х						0.	0.	0 .
(37) CHRISTINE A. SING	3.00									
TREASURER & CHAIR FIN. & AUDIT COMM.	0.00	X		Х				0.	0.	0 .
(38) DAVID STURTZ	0.50									
TRUSTEE	0.00	X						0.	0.	0 .
(39) PAM THEISEN	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(40) MANNY TORGOW	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(41) MICHAEL WATSON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(42) SIMON S. WHITELOCKE	1.00									
VICE CHAIR FINANCE & AUDIT COMMITTEE	0.00	Х		Х				0.	0.	0.
(43) ALEXIS WILEY	0.30								-	-
TRUSTEE	0.00	Х						0.	0.	0.
(44) SHAUN WILSON	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
								-	-	-
		1								
		1								
		-	_			_		i		

Form 990 (2019) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
40.10		Followsky discount sizes 4.					GOGIONO O 12 O 1 1
nts		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
s, ( Am		Fundraising events 1c	101,274.				
ij j	c	Related organizations 1d					
s, C	e	Government grants (contributions)	2,991,741.				
Sign	f	All other contributions, gifts, grants, and					
e E		similar amounts not included above 1f	13,537,551.				
호텔	,	Noncash contributions included in lines 1a-1f	241,070.				
οg	_	Total. Add lines 1a-1f		16,630,566.			
0 6		I Total: Add lifles 1a-11	Business Code	20,000,000			
	_	DRODUGETON OF DROGRAMS	900099	712 400	712 400		
<u>ce</u>	2 a	PRODUCTION OF PROGRAMS	900099	713,400.	713,400.		
e Z	b						
S	c	:					
eve eve	c	i					
Program Service Revenue	e	•					
Ā	f	All other program service revenue					
	ç	<b>-</b>		713,400.			
	3	Investment income (including dividends, inter					
	_	other similar amounts)		91,408.			91,408.
	4	Income from investment of tax-exempt bond		,			, , , , , ,
	4	•					
	5	Royalties(i) Real					
			(ii) Personal				
	6 a	Gross rents 6a 390,170					
	b	Less: rental expenses 6b 8,669					
	c	Rental income or (loss) 6c 381,501					
	c	Net rental income or (loss)	<b>&gt;</b>	381,501.		8,014.	373,487.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 150,767	. 89,000.				
	b	Less: cost or other basis					
ō	-	and sales expenses <b>7b</b> 139,919	. 0.				
ther Revenue	_	Gain or (loss) 7c 10,848					
e				99,848.			99,848.
æ		Net gain or (loss)	·····	JJ,040.			33,040.
t l	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses8	96,342.				
	c	Net income or (loss) from fundraising events	<b>&gt;</b>	-1,794.			-1,794.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses 9	_				
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
	10 8	·	a 122,968.				
		and allowances10	<del></del>				
		Less: cost of goods sold	05,020.	27 240	27 240		
$\rightarrow$		Net income or (loss) from sales of inventory	<b>D</b>	37,340.	37,340.		
ဖွ			Business Code				
o o	11 a	MISCELLANEOUS INCOME	900099	185,648.	185,648.		
ane	b	·					
Miscellaneous Revenue	c	•					
išc B	c	All other revenue					
2	e	Total. Add lines 11a-11d		185,648.			
	12	Total revenue. See instructions	<b>•</b>	18,137,917.	936,388.	8,014.	562,949.

# Form 990 (2019) FOUNDATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	( <b>C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	861,060.	141 720	584,648.	124 602
_	trustees, and key employees	001,000.	141,720.	304,040.	134,692
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
,	persons described in section 4958(c)(3)(B)	5,268,242.	3,391,147.	770,000.	1,107,095
7	Other salaries and wages  Pension plan accruals and contributions (include	J, 200, 242.	J, JJI, 147 •	770,000.	1,107,055
8	section 401(k) and 403(b) employer contributions)	159,519.	99,028.	31,128.	29,363
9	Other employee benefits	628,585.		93,282.	138,769
ອ 0		455,242.	296,761.	73,158.	85,323
1	Payroll taxes  Fees for services (nonemployees):	133,212.	250,701.	73,130.	03,323
	Management				
a b		76,182.	32,471.	43,711.	
	Legal	78,540.	52,471.	78,540.	
c d	Accounting Lobbying	75,202.		75,202.	
e	Lobbying Professional fundraising services. See Part IV, line 17	1,295,128.		75,202.	1,295,128
f	Investment management fees	1/2/3/1201			1,233,120
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	1,918,096.	1,449,373.	82,121.	386,602
2	Advertising and promotion	246,151.		175,177.	35,842
3	Office expenses	294,762.		119,370.	99,223
4	Information technology	430,761.	148,187.	61,961.	220,613
5	Royalties	1,861.	1,861.	V= <b>/</b> V = V	
6	Occupancy	907,618.	725,520.	102,522.	79,576
7	Travel	97,732.	67,576.	14,323.	15,833
3	Payments of travel or entertainment expenses	•	•	,	•
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,015,699.	864,585.	57,554.	93,560
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	PROGRAM ACQUISITION	2,507,581.	2,507,581.		
b	MAINTENANCE, REPAIRS, &	319,197.	235,132.	49,278.	34,787
С	CREDIT CARD/BANK FEES	282,517.		106,237.	176,280
d	FUNDRAISING AND EVENTS	277,609.			277,609
е	All other expenses	79,335.	17,822.	28,013.	33,500
5	Total functional expenses. Add lines 1 through 24e	17,276,619.	10,486,599.	2,546,225.	4,243,795
3	<b>Joint costs</b> . 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 (2019)
Part X Balance Sheet

<u>ra</u> r	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or note t	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,500.		252,910
	2	Savings and temporary cash investments			3,516,598.	2	5,345,286
	3	Pledges and grants receivable, net	2,440,101.	3	1,780,871		
	4	Accounts receivable, net			786,942.	4	607,876
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	n sect	ion 4958(c)(3)(B)		6	
ള	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			23,208.		25,560
۲	9	Prepaid expenses and deferred charges			210,780.	9	186,588
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		26,138,372.			
	b	Less: accumulated depreciation		12,232,921.	12,650,306.		13,905,451
	11	Investments - publicly traded securities			3,210,277.	11	3,271,186
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			1 004 540	14	0.60 550
	15	Other assets. See Part IV, line 11			1,084,542.	15	962,579
_	16	Total assets. Add lines 1 through 15 (must equal			23,925,254.	16	26,338,307
	17	Accounts payable and accrued expenses			1,302,534.	17	1,441,963
		18 Grants payable			22 500	18	F1 000
	19	Deferred revenue			23,590.	19	51,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or former					
┋		trustee, key employee, creator or founder, substan					
Liabilities	00	controlled entity or family member of any of these	-	······	151,333.	22	151,333
	23	Secured mortgages and notes payable to unrelate			2,005,167.	23	2,375,456
	24	Unsecured notes and loans payable to unrelated the		Г	2,005,107.	24	2,373,430
	25	Other liabilities (including federal income tax, paya parties, and other liabilities not included on lines 1					
		of Schedule D	1-24).	Complete Fart A	2,480,627.	25	3,556,547
	26				5,963,251.		7,576,299
	20	Organizations that follow FASB ASC 958, check		X	3/303/2320	20	7 7 3 7 6 7 2 3 3
Se		and complete lines 27, 28, 32, and 33.		, ,			
<u>ا</u> ۾	27				15,983,524.	27	16,600,292
39	28	Net assets with donor restrictions			1,978,479.		2,161,716
ᅙ		Organizations that do not follow FASB ASC 958			<i>.</i> , ,		,
표		and complete lines 29 through 33.	,				
ğ	29	Capital stock or trust principal, or current funds				29	
sets 	30	Paid-in or capital surplus, or land, building, or equi				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			17,962,003.	32	18,762,008
_	33				23,925,254.		26,338,307

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	,13	7,9	<u>17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 17</u>	,27		
3	Revenue less expenses. Subtract line 2 from line 1	3				98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 17</u>	,96	2,0	03.
5	Net unrealized gains (losses) on investments	5		-6	<u>1,2</u>	93.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18	,76	2,0	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule 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 Audi	t			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		i			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

**Employer identification number** Name of the organization FOUNDATION 38-1440200 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## 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.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 0	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")	16513418.	15864263.	14924223.	16485296.	16630566.	80417766.
2 T	ax revenues levied for the organ-						
	zation's benefit and either paid to						
	r expended on its behalf						
	he value of services or facilities						
	urnished by a governmental unit to						
	ne organization without charge						
		16513418.	15864263.	14924223.	16485296.	16630566.	80417766.
	he portion of total contributions						001277000
	by each person (other than a						
	overnmental unit or publicly						
•	upported organization) included						
	In line 1 that exceeds 2% of the						
	mount shown on line 11,						
	1 (6						
	***************************************						80417766.
	Public support. Subtract line 5 from line 4.						0041//00.
		(a) 2015	(b) 2016	(a) 2017	(d) 2018	(a) 2010	(f) Total
	ar year (or fiscal year beginning in)	16513418.	(b) 2016 1 5 8 6 4 2 6 3	(c) 2017 1 / 9 2 / 2 2 3		(e) 2019	(f) Total
		10313410.	13004203.	14724223.	10403230.	10030300	00417700.
	Gross income from interest,						
	lividends, payments received on						
	ecurities loans, rents, royalties,	E66 100	620 006	650 001	111 005	161 001	2762257
	nd income from similar sources	566,488.	628,006.	039,004.	444,085.	464,894.	2/0333/-
	let income from unrelated business						
	ctivities, whether or not the	CE 25C	47 160	06 570	67 226	0 014	204 220
	usiness is regularly carried on	65,356.	47,162.	96,570.	67,236.	8,014.	284,338.
	Other income. Do not include gain						
	r loss from the sale of capital	206 207	401 162	214 225	012 520	200 106	1505260
	ssets (Explain in Part VI.)	306,227.	481,163.	314,235.	213,539.		
	<b>total support.</b> Add lines 7 through 10						85060821.
	Gross receipts from related activities,	•	,				,322,221.
	irst five years. If the Form 990 is for	•		*	•	. , . ,	
Coot	rganization, check this box and stor	here					<b>&gt;</b>
	ion C. Computation of Publi					T T	04 54
	Public support percentage for 2019 (I					14	94.54 %
	Public support percentage from 2018					15	94.21 %
	3 1/3% support test - 2019. If the o	-					, <del>(</del> ₹₹
	top here. The organization qualifies	. ,	•				
	3 1/3% support test - 2018. If the o						
	nd <b>stop here.</b> The organization qual						
	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
n	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 1	0% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
n	nore, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
o	rganization meets the "facts-and-circ	umstances" test.	Γhe organization q	ualifies as a public	ly supported organ	nization	
							••••••••••••

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					-	-
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5						-
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons  b Amounts included on lines 2 and 3 received					+	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						<del>                                     </del>
c Add lines 7a and 7b						<del>                                     </del>
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9 Amounts from line 6	(a) 2013	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	ration,
check this box and stop here				•		. —
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization	n did not check a	hay on line 14 10	a or 10h check th	nie hav and een inc	etructions	

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

### 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 (as 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		
_		
3a		
3b		
3с		
4a		
4b		
4c		
_		
5a		
5b		
5с		
6		
7		
8		
3		
9a		
9b		
0-		
9с		
10a		
10b		

	t IV Supporting Organizations (continued)			ago <b>o</b>
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			г
_			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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions)		
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	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in P	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
-	instructions).	, 3	77	

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	·	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;  Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II
DPTV'S PUBLIC CHARITY STATUS AS OUTLINED IN ITS IRS DETERMINATION
LETTER IS A PUBLICLY SUPPORTED ORGANIZATION AS DESCRIBED IN SECTION
509(A)(2) AND THEREFORE QUALIFIES TO CHECK BOX 10 ON SCHEDULE A, PART
I. HOWEVER, DPTV ALSO CAN CHECK BOX 7 BECAUSE THEY MEET THE PUBLIC
SUPPORT TEST UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE CODE.

## Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

**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

2019

Name of the organization

DETROIT EDUCATIONAL TELEVISION

FOUNDATION

Employer identification number

38-1440200

Filers of	:	Section:
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (a), (a), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special l	Rules	
	sections 509(a)(1) are any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	year, total contributi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.
	year, contributions of is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it <b>mu</b>	ıst answer "No" on F	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
DETROIT EDUCATIONAL TELEVISION
FOUNDATION

Employer identification number

38-1440200

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,135,664.	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	Name, address, and ZIF + 4	\$ 350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 356,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  - \$ 400,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	railie, audi ess, aliu LIF + 4	\$ 808,777.	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
	IVAIIIE, duul ess, diiu ZIP + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
DETROIT EDUCATIONAL TELEVISION
FOUNDATION
38-1440200

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>   \$	
(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
l		<sub>&amp;</sub>	

Name of organization **Employer identification number** DETROIT EDUCATIONAL TELEVISION FOUNDATION 38-1440200 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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 instruc	tions), then				
•	Section 501(c)(4), (5), or	r (6) organizat	ions: Complete Part III.			
Nan	ne of organization 🛛 🖺	DETROIT	EDUCATIONAL TELE	VISION	Empl	oyer identification number
		OUNDAT				38-1440200
Pa	art I-A Complete	e if the org	anization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
	•	•	ation's direct and indirect politica	. •		
	Volunteer hours for po					
			anization is exempt unde			
			incurred by the organization unde			
			incurred by organization manager			
			n 4955 tax, did it file Form 4720 fo			
						Yes No
	o If "Yes," describe in Pa art I-C   Complete	art IV. a if the org	anization is exempt unde	r section 501(c)	except section 501/c	1/31
	-		by the filing organization for sect			, ,
			ization's funds contributed to other			
2		0 0		· ·	<b>.</b> .	
2			. Add lines 1 and 2. Enter here an			
3				,	<b>▶</b> ¢	
4			1120 DOL for this year?			
4			<b>1120-POL</b> for this year?			
5			tion listed, enter the amount paid			
		•	emptly and directly delivered to a			·
		•	additional space is needed, provid			o oogrogatoa rana or a
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name		(b) Address	(C) EIIV	filing organization's funds. If none, enter -0	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) 2019

LHA

932041 11-26-19

Part II-A Complete if the org section 501(h)).	anization is exer	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
A Check if the filing organiza expenses, and shar	e of excess lobbying	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
Limit	ts on Lobbying Expe	nd "limited control" pro nditures ints paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
<ul> <li>1a Total lobbying expenditures to influe</li> <li>b Total lobbying expenditures to influe</li> <li>c Total lobbying expenditures (add line)</li> <li>d Other exempt purpose expenditures</li> </ul>	nence a legislative boomes 1a and 1b)	ly (direct lobbying)			
e Total exempt purpose expenditures	s (add lines 1c and 1d	)			
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this  (Some organizations th	o or less, enter -0- o or less, enter -0- ro on either line 1h or year?	eraging Period Under	ation file Form 4720 Section 501(h)		Yes No
	<u> </u>	ate instructions for li			
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		Т
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		77		
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			.,757.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
į	Other activities?	X			,202.
j	Total. Add lines 1c through 1i			76	,959.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR	(b) Part l	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		I		
3	A		١ ۾		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds t				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?	miloai	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par			3		
		E-th. D-st II	A 11: 4 -		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines i a	na 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:				
DE1	F IS A MEMBER OF APTS ACTION, INC., A 501(C)(4) ADV	OCACY			
ORG	SANIZATION WHICH IS PERMITTED TO ENGAGE IN ALL NECES	SARY I	LEGISL	ATIVE	
LOE	BYING ON BEHALF OF PUBLIC TELEVISION STATIONS.				
DET	F HAS ENGAGED MUCHMORE HARRINGTON SMALLEY & ASSOCIA	TES. I	LC IN		

932043 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

Part IV   Supplemental Information (continued)							
REPRESENTATION BEFORE THE MICHIGAN LEGISLATURE, DEPARTMENT OF							
EDUCATION, DEPARTMENT OF TALENT AND ECONOMIC DEVELOPMENT, MICHIGAN							
STATE POLICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE GOVERNOR'S							
OFFICE AND THE EXECUTIVE AND ADMINISTRATIVE BRANCHES OF THE STATE OF							
MICHIGAN WITH THE GOAL OF SECURING PROGRAMMATIC FUNDS FOR PUBLIC							
TELEVISION TOWARDS THE PROMOTION OF EARLY CHILDHOOD LEARNING AND SCHOOL							
READINESS INITIATIVES.							

### **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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DETROIT EDUCATIONAL TELEVISION FOUNDATION

**Employer identification number** 38-1440200

Schedule D (Form 990) 2019

Part	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funds and other associate
	Total number at and of versu	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		and formalis
	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's or		
	Did the organization inform all grantees, donors, and donor action charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	• • •	
Parl	t II Conservation Easements. Complete if the org		
	Purpose(s) of conservation easements held by the organization		artiv, into 1.
•	Preservation of land for public use (for example, recreat	`	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	,	2d
	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	S .	ents that describes the
	organization's accounting for conservation easements.	A t Illian deal Torres and a Ol	lea d'arila d'araila
Part			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 956	•	
	of art, historical treasures, or other similar assets held for pub	· ·	•
	service, provide in Part XIII the text of the footnote to its finan		
	If the organization elected, as permitted under FASB ASC 956		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
	If the organization received or held works of art, historical treating to the control of the con		I gain, provide
	the following amounts required to be reported under FASB A	_	<b>.</b>
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

<u>Sche</u>	edule D (Form 990) 2019 FOUNDAT						38-1 <mark>4</mark>	40200	) Pa	age 2
Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession									
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of the	e organization's co	llection?				Yes		No
Par	rt IV Escrow and Custodial Arran	gements. Complet	te if the organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other ass	ets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
С	Beginning balance					. 1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo				ınt liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par						10.				
	· ·	(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	2,422,665.	2,315,466.		,190.		94,548.	(-)		751.
b	Contributions	, ,	, ,	2,068			•			
c	Net investment earnings, gains, and losses	-34,555.	107,199.		,413.		9,642.		-1.	203.
4		7			, == : .		,			
e	Grants or scholarships Other expenditures for facilities									
-										
	and programs				1					
f	Administrative expenses	2,388,110.	2,422,665.	2,315	166	1	04,190.		9.1	548.
g	End of year balance				, 400.		04,170.		74,	J40.
2	Provide the estimated percentage of the curr	•		) neid as:						
а	Board designated or quasi-endowment	96.70	_%							
b	Permanent endowment ► 3.30	%								
С	· · · · · · · · · · · · · · · · · · ·	%								
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administere	ed for th	ie organiza	ation	Г	1	
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		_X_
	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Do:	Describe in Part XIII the intended uses of the		ment funds.							
Par	rt VI Land, Buildings, and Equipm			_						
	Complete if the organization answered									
	Description of property	(a) Cost or oth	, ,	or other	٠,	ccumulate		(d) Book	c valu	е
		basis (investm		(other)	de	preciation		0 = 0 1		
1a	Land			9,173.		1000	4.1	2,539		
b	Buildings			6,499.	4,4	476,9		7,839		
С	Leasehold improvements			8,952.		66,0				23.
d	Equipment			8,170.		962,7		3,355		
е	Other		86	5,578.	'	727,2			3,3	
Total	<b>I.</b> Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part X	. column (B), line 1	Oc.)			ightharpoonup   1	3,905	5,4	51.
_				-			Schedule	D (Form	990)	2019

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
O Et al. 1 al.	(b) book value	(c) Method of Valuation. Cost of end-	or-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B) (C)		+	
(D)		<u> </u>	
(E)		+	
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	( )	,	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)	, coonpaint	<del>-</del>	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.	•		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) 457B DEFERRED COMPENSATION			221,33
(3) UNEARNED GIFT ANNUITY			30,14
(4) EQUIPMENT LIABILITY			247,56
(5) GRANTS PAYABLE			812,57
(6) ROYALTY PAYABLE			150,00
(7) OTHER LONG TERM LIABILITY			2,094,92
(8)			
(9)			
			3,

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

38-1440200 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Ret	turn.	g-			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1	Total revenue, gains, and other support per audited financial statements			1	18,397,910.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	-61,293.					
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)		321,286.					
е	Add lines 2a through 2d	•		2e	259,993.			
3	Subtract line <b>2e</b> from line <b>1</b>			3	18,137,917.			
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.)							
С	Add lines 4a and 4b			4c	0.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	18,137,917.			
Par	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	etur				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.						
1	Total expenses and losses per audited financial statements			1	17,597,905.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				-			
а	Donated services and use of facilities	2a						
b	Prior year adjustments							
С	Other losses							
d	Other (Describe in Part XIII.)		321,286.					
е	Add lines 2a through 2d		-	2e	321,286.			
3	Subtract line <b>2e</b> from line <b>1</b>			3	17,276,619.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)							
	Add lines <b>4a</b> and <b>4b</b>			4c	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	17,276,619.			
Par	rt XIII Supplemental Information.				,			
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b a	and 2b; Part V, line 4:	Part 2	X, line 2; Part XI,			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any							
PAF	RT V, LINE 4:							
то	PROVIDE A PREDICTABLE STREAM OF FUNDING	TO PROGR	AMS SUPPOR	TED	BY THE			
ENI	DOWMENT FUND.							
PAF	RT X, LINE 2:							
	·							
IN	MARCH 2015, THE AICPA RESCINDED TECHNICA	AL PRACTI	CE AID 525	0.1	5. AS A			
RES	SULT, THE DISCLOSURE OF OPEN TAX YEARS AN	ND UNCERT	AIN TAX PO	SIT	IONS IS			
	,							
ONI	LY REQUIRED WHEN AN ENTITY HAS MATERIAL (	JNCERTAIN	TAX POSIT	ION	S. AS			
DPT	TV DOES NOT HAVE ANY MATERIAL UNCERTAIN T	TAX POSIT	IONS, THE	DIS	CLOSURE			
HAS	S NOT BEEN INCLUDED IN THE AUDITED FINANC	CIAL STAT	EMENTS. T	HER:	EFORE,			
			<del>-</del> ·		•			
PAF	RT IV, LINE 11F HAS BEEN ANSWERED "NO."							

Schedule D (Form 990) 2019 FOUNDATION	38-1440200 Page 5
Part XIII   Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
NON-CASH (NON-PROPERTY) CONTRIBUTIONS	130,647.
RENTAL EXPENSE	8,669.
SPECIAL EVENT EXPENSES	96,342.
COST OF GOODS SOLD	85,628.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	321,286.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	8,669.
SPECIAL EVENT EXPENSES	96,342.
COST OF GOODS SOLD	85,628.
NON-CASH (NON-PROPERTY) CONTRIBUTIONS	130,647.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	321,286.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

#### **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.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

required to complete this par	rt.					
1 Indicate whether the organization rais	sed funds through any of the follow	ing activ	ities. (	Check all that apply.		
a X Mail solicitations				overnment grants		
<b>b</b> X Internet and email solicitation	s f X Solicit	ation of	gover	nment grants		
c X Phone solicitations	g X Specia					
d X In-person solicitations	3		3			
2 a Did the organization have a written	or oral agreement with any individua	al (includ	lina of	ficers directors trus	tees or	
key employees listed in Form 990, F					X Yes	No
<b>b</b> If "Yes," list the 10 highest paid indi	•			-	·	<del></del>
		suarit to a	agreer	nents under which ti	ie iuliulaisel is to be	,
compensated at least \$5,000 by the	e organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CONTRIBUTOR DEVELOPMENT	MEMBERSHIP MARKETING	Yes	No		listed in col. (i)	-
	SERVICES	163	X	3 312 100	937 203	2 474 807
PARTNERSHIP - PO BOX 414670,	SERVICES		Λ	3,312,100.	837,203.	2,474,897.
ACD DIRECT, INC 1353 NORTH				0 040 630	150 261	0 061 050
1075 WEST, FARMINGTON, UT	FULL SERVICE CALL CENTER		Х	2,240,639.	179,361.	2,061,278.
PHOENIX PRESS INC - 1775						
BELLINGHAM, TROY, MI 48083	MAIL SERVICES		Х	606,273.	128,389.	477,883.
DONOR DEVELOPMENT STRATEGIES						
- 141 UNION BOULEVARD, SUITE	CANVESSING ACTIVITIES	Х		52,623.	150,175.	-97,552.
	•					
Total				6,211,635.	1,295,128.	4,916,506.
3 List all states in which the organization	on is registered or licensed to solicit	contribu	utions	· · · · · ·		
or licensing.	or is registered or licerised to solicit	CONTINU	utions	or rias been notified	it is exempt nom ret	gistiation
MI						
MT						

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) 2019

	3 (1 01111 990 01 990-LZ) 20 19					144000	
Part II	Fundraising Events.	Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15	,000
	of fundraising event contril	outions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than	\$5,000.

Pa	rt I									
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			THIS OLD	DPTV		(add col. (a) through				
			HOUSE	EXPERIENCE S	4	col. <b>(c)</b> )				
<u>o</u>			(event type)	(event type)	(total number)					
Revenue			65.004	20 555	00 060	105 000				
Rev	1	Gross receipts	67,004.	38,755.	90,063.	195,822.				
			F1 404	05 715	04 155	101 074				
	2	Less: Contributions	51,404.	25,715.	24,155.	101,274.				
			15 600	12 040	6E 000	04 540				
	3	Gross income (line 1 minus line 2)	15,600.	13,040.	65,908.	94,548.				
		Ocelhanian								
	4	Cash prizes								
	_	N		993.		993.				
'n	5	Noncash prizes		333.		333.				
Direct Expenses	_	Double of the cities and the		8,880.	15,535.	24,415.				
bei	6	Rent/facility costs		0,000.	13,333.	24,413.				
tΕ	_	Food and house no		3,553.	6,845.	10,398.				
irec	′	Food and beverages		3,333.	0,043.	10,390.				
		Entartainment	377	1 900	10,538.	12,815.				
	8 9	Entertainment Other direct expenses		1,900. 27,524.	15,736.	47,721.				
	10	Other direct expenses  Direct expense summary. Add lines 4 through				96,342.				
	11	Net income summary. Subtract line 10 from li	. ,			-1,794.				
Pa	rt I	II Gaming. Complete if the organization a				1,751.				
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 orri orri	000,1 0.11, 1110 10, 011	oportou moro triari					
		· · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
ver										
R	1	Gross revenue								
	2	Cash prizes								
ses										
Direct Expenses	3	Noncash prizes								
ect	4	Rent/facility costs								
Ē										
	5	Other direct expenses								
			Yes%	Yes%	Yes%					
	6	Volunteer labor	No No	No No	No No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>					

а	Enter the state(s) in which the organization conducts gaming activities:  Is the organization licensed to conduct gaming activities in each of these states?  If "No," explain:	Yes	□ No
l0a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  If "Yes," explain:	Yes	□ No
-			

Schedule G (Form 990 or 990-EZ) 2019

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

## DETROIT EDUCATIONAL TELEVISION

Sche	dule G (Form 990 or 990-EZ) 2019 FOUNDATION 5 c	<u>, – 14</u>	4020	, 0	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s [	No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	o administer charitable gaming?		Ye	s [	No
	ndicate the percentage of gaming activity conducted in:			_	
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	∟	100		70
ı	Name				
,	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Ye	s [	No
	f "Yes," enter the amount of gaming revenue received by the organization   \$\bigs\text{ and the amount}\$  and the amount				
	of gaming revenue retained by the third party  \$				
C	f "Yes," enter name and address of the third party:				
ı	Name				
,	Address				
16	Gaming manager information:				
ı	Name				
(	Gaming manager compensation  \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	s the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	ſ	Ye	s [	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	'			110
	organization's own exempt activities during the tax year  \$	•			
Par		Part	II lines	9 9h	10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, are	,	0, 00	, 100,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:			
(I)	NAME OF FUNDRAISER: CONTRIBUTOR DEVELOPMENT PARTNERSHIP				
<u>\                                    </u>	MAND OF TONDAMIDER. CONTRIBUTOR DEVELORMENT TAKINERSHIT				
<u>(I)</u>	ADDRESS OF FUNDRAISER: PO BOX 414670, BOSTON, MA 02241-467	0			
(I)	NAME OF FUNDRAISER: ACD DIRECT, INC.				
<u>\                                    </u>	THE OF THE PERSON NO.				
<u>(I)</u>	ADDRESS OF FUNDRAISER: 1353 NORTH 1075 WEST, FARMINGTON, UT	. 8	4025	5	
<u>(I)</u>	NAME OF FUNDRAISER: PHOENIX PRESS INC				

Schedule G (Form 990 or 990-EZ)

LINE 10, DIRECT EXPENSE SUMMARY - \$96,342 - COSTS INCURRED IN

CONNECTION WITH FUNDRAISING EVENTS.

## SCHEDULE J (Form 990)

Department of the Treasury

**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.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

DETROIT EDUCATIONAL TELEVISION

FOUNDATION

 $\begin{array}{c} \text{Employer identification number} \\ 38-1440200 \end{array}$ 

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	Х	
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a	l	l

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

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) RITSCHARD P. HOMBERG	(i)	308,556.	0.	10,380.	8,400.	16,282.	343,618.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) OLLETTE E. BOYD	(i)	162,967.	24,000.	1,550.	5,135.	14,215.	207,867.	0.
ASSISTANT TREASURER & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEORGEANN HERBERT-MYERS	(i)	137,640.	11,500.	3,031.	4,362.	14,182.	170,715.	0.
SVP STRATEGY AND ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMIE WESTRICK	(i)	131,126.	13,300.	698.	4,269.	16,063.	165,456.	0.
SVP BUSINESS DEVELOPMENT - THRU 1/20	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHEN J. DANOWSKI	(i)	55,518.	80,345.	695.	4,275.	14,181.	155,014.	0.
DIRECTOR OF BUSINESS DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FRED NAHHAT	(i)	120,962.	9,500.	1,008.	3,856.	16,046.	151,372.	0.
SVP PRODUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID DEVEREAUX	(i)	123,272.	9,500.	503.	3,838.	14,095.	151,208.	0.
SVP BROADCASTING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL ALPERT	(i)	120,099.	18,300.	1,002.	3,695.	7,015.	150,111.	0.
ASSISTANT SECRETARY - THRU 8/19	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 5:
BUSINESS DEVELOPMENT EMPLOYEES ARE ELIGIBLE FOR COMMISSION PAYMENTS ON CASH
SPONSORSHIP FROM CORPORATIONS. COMMISSIONS ARE CALCULATED AS A PERCENTAGE
OF TOTAL CASH AMOUNT TO THE STATION AND PAYABLE FOLLOWING RECEIPT OF
PAYMENT FROM THE CORPORATION.
INCENTIVE COMPENSATION FOR 2019 WAS \$80,345 FOR STEPHEN DANOWSKI.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

DETROIT EDUCATIONAL TELEVISION Employer identification number FOUNDATION 38-1440200

Pai	rt I Types of Property					
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art			, , ,		_
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	14	199,194.	MARKET VALUE	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - Historic structures					
14	Qualified conservation contribution - Other					_
15	Real estate - Residential					_
16	Real estate - Commercial					_
17	Real estate - Other					_
18	Collectibles					_
19	Food inventory					_
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other $\blacktriangleright$ ( FOOD, CONCERT )	X	22	41,876.	COST	
26	Other					
27	Other					
28	Other ()					
29	Number of Forms 8283 received by the organiz	-	•			
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	gement <b>29</b>		
					Yes N	10
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	
	must hold for at least three years from the date					
	exempt purposes for the entire holding period?	?			30a 2	<u>X</u>
	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance p	-	•	•	tions? 31 2	<u>X</u>
32a	Does the organization hire or use third parties contributions?		_		32a X	
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,	
	describe in Part II.					

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

Schedule M (Form 990) 2019

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.

932142 09-27-19 Schedule M (Form 990) 2019

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047

Inspection

Name of the organization

DETROIT EDUCATIONAL TELEVISION

Employer identification number

FOUNDATION	30-1440200
FORM 990, PART I, DOING BUSINESS AS:	
DETROIT PUBLIC TV, WRCJ 90.9 FM, DPTV, SIGNAL MAGAZINE	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
PROGRAMMING IN FIVE CATEGORIES: ARTS & CULTURE, LEADERSHIP	& PUBLIC
POLICY, CHILDREN & EDUCATION, ENERGY & ENVIRONMENT, AND OT	HER NATIONAL
INITIATIVES, (2) COLLABORATING WITH OTHERS TO HELP THEM RE	ACH THEIR
GOALS, AND (3) TELLING DETROIT'S STORY TO THE WORLD.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
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 INSTITUT	ION IN
AMERICA FOR 17 YEARS IN A ROW. (SOURCE: MARKETING & RESEAR	CH RESOURCES,
JANUARY 2020).	
WRCJ 90.9 FM IS LISTENED TO BY MORE THAN 180,000 LISTENERS	IN SOUTHEAST
MICHIGAN EACH WEEK AND IS STREAMED WORLDWIDE ON WRCJFM.ORG	•
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
SPHINX FINALS CONCERT. DPTV BROADCAST THE 22ND ANNUAL COMP	ETITION
CONCERT SHOWCASING BLACK AND LATINO CLASSICAL MUSICIANS.	
AMERICAN BLACK JOURNAL. A WEEKLY SERIES OF NEWS AND INFORM	ATION FROM AN
AFRICAN AMERICAN PERSPECTIVE. SPECIALS THIS YEAR INCLUDED	

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

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization DETROIT EDUCATIONAL TELEVISION **Employer identification number** 38-1440200 FOUNDATION "ROADSHOW" EVENTS AT COMMUNITY LOCATIONS WITH LIVE AUDIENCES. ONE DETROIT MONDAY NIGHT EDITION. IN MARCH 2020, ONE DETROIT EXPANDED TO A SECOND NIGHT EACH WEEK - MONDAY AT 7:30 P.M. - WITH SPECIAL FOCUS ON ARTS AND CULTURE AND HOW ARTISTS AND ART ORGANIZATIONS ARE COPING AND CREATING DURING THE COVID-19 CRISIS. LIVE STREAMING AND BROADCAST SERVICES. DPTV REGULARLY PROVIDES PRODUCTION SERVICES TO CONNECT EVENTS WITH LARGER AUDIENCES. CLIENTS IN FY20 INCLUDED THE "THE KNIGHT MEDIA FORUM", "DETROIT JAZZ FESTIVAL", "LIBRARY OF CONGRESS NATIONAL BOOK FESTIVAL", AND "VELODROM CYCLING." WRCJ-FM. DETROIT'S "CLASSICAL DAYS & JAZZY NIGHTS" PUBLIC RADIO STATION BROADCAST CONCERTS BY DETROIT SYMPHONY ORCHESTRA AND THEIR YOUTH ENSEMBLES; MICHIGAN OPERA THEATER; ANN ARBOR SYMPHONY; AND MICHIGAN PHILHARMONIC. CHILDREN AND EDUCATION DETROIT PBS KIDS. DPTV'S 24/7 DIGITAL BROADCAST CHANNEL (56.2) AND ONLINE SERVICE, WHICH PROVIDES 24/7 PROGRAMS FOR CHILDREN, WAS CONSISTENTLY ONE OF THE MOST WATCHED PBS KIDS CHANNELS IN THE COUNTRY DURING FY20. BE MY NEIGHBOR DAY. IN OCTOBER 2019, DPTV PRESENTED DANIEL TIGER'S "BE MY NEIGHBOR DAY" AT EMAGINE THEATER IN ROYAL OAK. FAMILIES ENJOYED THE FREE EVENT WITH A SCREENING OF DANIEL TIGER'S NEW MOVIE "WON'T YOU BE

MY NEIGHBOR" AND OTHER ACTIVITIES.

Name of the organization DETROIT EDUCATIONAL TELEVISION FOUNDATION	Employer identification number 38-1440200
PRE-SCHOOL-U. PSU IS A PLACE-BASED, PARENT/CAREGIVER EDUC	ATION
TRAINING PROGRAMING THAT SUPPORTS AT-RISK FAMILIES WITH EA	RLY CHILDHOOD
DEVELOPMENT, SCHOOL READINESS PREPARATION AND TRAIN THE TR	AINER
MODULES. IN FY20, DPTV SERVED OVER 122 FAMILIES.	
DAILY AT HOME LEARNING NEWSLETTER. DPTV PROVIDED DAILY COM	MUNICATIONS
TO FAMILIES DURING COVID-19, RELATED SCHOOL CLOSURES WITH	SUGGESTIONS
FOR CONTENT, ACTIVITIES AND LEARNING OPPORTUNITIES THROUGH	NEWSLETTERS
AND SOCIAL MEDIA, AS WELL AS AT DETROITPBSKIDS.ORG.	
PBS EDCAMP. DETROIT PUBLIC TV HOSTED A SERIES OF PBS KIDS'	EDCAMP
PROFESSIONAL DEVELOPMENT EVENTS THROUGHOUT METRO DETROIT A	ND VIRTUALLY
WITH GREAT SUCCESS SERVING OVER 250 EDUCATORS.	
READY TO LEARN. THROUGH THE READY TO LEARN INITIATIVE, DPT	V PROVIDES
FREE, EVIDENCE-BASED EDUCATIONAL MEDIA AND SUPPORTING LEAR	NING
RESOURCES THAT HELP EDUCATORS, CAREGIVERS, AND PARENTS BUI	LD EARLY
SCIENCE AND LITERACY SKILLS FOR AMERICA'S CHILDREN, ESPECI	ALLY THOSE
FROM LOW-INCOME COMMUNITIES.	
PBS KIDS. ON ITS MAIN CHANNEL, 56.1, DPTV BROADCASTS 10.5	HOURS EACH
WEEKDAY OF TRUSTED EDUCATIONAL PROGRAMS FOR CHILDREN.	
LEADERSHIP AND PUBLIC POLICY	
ONE DETROIT WEEKLY SERIES. DPTV'S WEEKLY NEWS AND PUBLIC A	FFAIRS SHOW
"ONE DETROIT" EMPHASIZES ON-LOCATION INTERVIEWS AND FIELD 932212 09-06-19 Schee	REPORTS OF

Name of the organization DETROIT EDUCATIONAL TELEVISION FOUNDATION	Employer identification number 38-1440200					
AUTHENTHIC STORIES FROM THE PEOPLE OF DETROIT. THE SERIES	CAPTURES THE					
CHARACTER, CULTURE AND CONCERNS OF METRO DETROIT, TAKING V	CHARACTER, CULTURE AND CONCERNS OF METRO DETROIT, TAKING VIEWERS BEYOND					
THE HEADLINES TOWARD A DEEPER LEVEL OF UNDERSTANDING OF WH	AT THE FUTURE					
MIGHT AND COULD HOLD FOR ITS 4 MILLION RESIDENTS.						
COVID-313 TOWNHALLS. EACH THURSDAY AT NOON STARTING IN MAR	CH 2020, DPTV					
PARTNERED WITH THE COVID313 COMMUNITY COALITION FOR FAMILI	ES AND					
STUDENTS TO LIVESTREAM VIRTUAL TOWNHALLS FOCUSED ON SUPPOR	TING PARENTS,					
STUDENTS, AND FAMILIES DURING THE CORONAVIRUS OUTBREAK.						
COVID-19 COVERAGE. WORKING VIRTUALLY, ONE DETROIT PROVIDED	EXCLUSIVE					
DAILY INTERVIEWS AND UPDATES ON HOW THE COMMUNITY IS RESPO	NDING AND HOW					
TO KEEP FAMILIES SAFE DURING THE COVID-19 CRISIS.						
ONE DETROIT BUREAU. DPTV'S MIDTOWN DETROIT JOURNALISM BUR	EAU CONTINUES					
TO TELL DETROIT'S STORY IN COOPERATION WITH OTHER MEDIA OU	TLETS AND					
COMMUNITY MEMBERS TO REPORT ON RACE RELATIONS, EDUCATION,	THE ECONOMY					
AND OTHER ISSUES. THE PROGRAM INCLUDED LIVE COMMUNITY ROAD	SHOWS,					
SPECIAL GUESTS, AND ITS USUAL BRAND OF INSIGHTFUL, PROVOCA	TIVE					
LANGUAGE.						
ENERGY AND ENVIRONMENT						
GREAT LAKES BUREAU. DPTV CONTINUED ITS YEAR-ROUND REPORTIN	G ON GREAT					
LAKES ISSUES WITH MULTIPLATFORM ENVIRONMENTAL CONTENT.						
GREAT LAKES NOW MONTHLY SERIES. A MONTHLY PUBLIC MEDIA PRO	GRAM COVERING					
CRUCIAL ISSUES AFFECTING THE WELL-BEING AND FUTURE OF THE	GREAT LAKES.					

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

Name of the organization DETROIT EDUCATIONAL TELEVISION **Employer identification number** 38-1440200 FOUNDATION EACH 30-MINUTE EPISODE REPORTS ON THE LATEST DEVELOPMENTS AFFECTING THE WORLD'S GREATEST SYSTEM OF FRESHWATER, WITH IN-DEPTH COVERAGE OF THE ENVIRONMENTAL, ECONOMIC AND POLITICAL ISSUES THAT IMPACT THE LAKES AND THE PEOPLE WHO USE, CHERISH AND PROTECT THEM. GREAT LAKES CURRICULUM. DESIGNED FOR MIDDLE SCHOOL CLASSROOMS, GREAT LAKES NOW DEVELOPED A SERIES OF LESSONS TO HELP STUDENTS TO BECOME FAMILIAR WITH GEOLOGIC, GEOGRAPHIC, AND ENVIRONMENTAL CONCEPTS ABOUT THE GREAT LAKES, AS WELL AS PROVIDE THEM THE OPPORTUNITY TO EVALUATE CONTEMPORARY ISSUES FACING THE LAKES. VIRTUAL FIELD TRIP. GREAT LAKES NOW PRODUCED A FREE VIRTUAL TOUR FOR STUDENTS AND TEACHERS WITH LESSONS COVERING THE IMPORTANCE OF COASTAL WETLANDS, THE DANGER OF ALGAL BLOOMS AND A DEEP DIVE INTO LAKE STURGEON. THE VIRTUAL FIELD TRIP ENGAGED OVER 1,000 STUDENTS. OTHER INITIATIVES WHEN I'M 65. AN EXTENSION OF THE HOUR LONG DOCUMENTARY FOCUSING ON THE REALITIES OF SAVING FOR RETIREMENT IN THE 21ST CENTURY, THIS NATIONAL INITIATIVE CONTINUES TO PROVIDE UP-TO-DATE ADVICE AND OTHER ESSENTIAL FINANCIAL INFORMATION THROUGH COMMUNITY OUTREACH EVENTS, DAILY SOCIAL MEDIA POSTS, DIGITAL-FIRST VIDEO, AND A NEW BROADCAST SERIES. PBS BOOKS. PREVIOUSLY KNOWN AS BOOK VIEW NOW, DPTV CONTINUED ITS LIVE WEB STREAM COVERAGE FROM BOOK CONFERENCES IN MIAMI AND WASHINGTON, D.C., WITH CONTENT ON PBSBOOKS.ORG. BEGINNING IN APRIL 2020, PBS BOOKS

LAUNCHED A SERIES OF VIRTUAL EVENTS REACHING OVER 267,500 VIEWERS TO

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization DETROIT EDUCATIONAL TELEVISION **Employer identification number** 38-1440200 FOUNDATION SUPPORT LIBRARIES AND PBS STATIONS NATION-WIDE IN THEIR EFFORT TO CULTIVATE COMMUNITIES OF LEARNING, CULTURE, AND CONVERSATION. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: LOCAL ASIAN AMERICAN COMMUNITIES IN SOUTHEAST MICHIGAN. 398 PEOPLE ATTENDED THE ZOOM-OVEE VIRTUAL EVENT, WHICH FEATURED A NUMBER OF ELEMENTS INCLUDING A PREVIEW/SCREENER FROM THE SERIES, A LOCALLY-PRODUCED VIDEO FROM OUR ONE DETROIT TEAM ABOUT THE HARASSMENT FACED BY ASIAN AMERICANS DURING THE COVID-19 CRISIS, AND A PANEL DISCUSSION WITH KEY ASIAN AMERICAN COMMUNITY LEADERS. THE DPTV EXPERIENCE SCREENING EVENTS. DETROIT PUBLIC TV ENGAGED THE COMMUNITY WITH A SERIES OF QUARTERLY EVENTS THAT TRANSFORMED THE LATEST PBS PROGRAMS INTO REAL-LIFE EXPERIENCES. THE SERIES INCLUDED SUMMER OF SPACE AT THE CRANBROOK INSTITUTE OF SCIENCE, KEN BURNS' COUNTRY MUSIC AT PONTIAC'S CROFOOT IN SEPTEMBER, AND CULINARY CRAFT WITH AMERICA'S TEST KITCHEN IN JANUARY. EACH DPTV EXPERIENCE OFFERED ENLIGHTENED COMMENTARY FROM KNOWLEDGEABLE PANELISTS, UNIQUE HANDS-ON ACTIVITIES AND EXCLUSIVE SNEAK PEEKS OF UPCOMING PBS SPECIALS. COMMUNITY CONVERSATIONS. AS PART OF THE ONE DETROIT BUREAU'S COMMITMENT TO COMMUNITY-DRIVEN STORYTELLING, DPTV ENGAGES WITH DETROIT NEIGHBORHOODS AT THE GRASSROOTS LEVEL THROUGH REGULAR COMMUNITY CONVERSATIONS ABOUT THE REAL ISSUES AND STORIES OF DETROIT.

Schedule O (Form 990 or 990-EZ) (2019)

KIDS CLUB FALL CELEBRATION. DPTV WELCOMED CHILDREN AND FAMILIES TO BE

MY NEIGHBOR DAY IN OCTOBER 2019 FOR A FREE MOVIE SCREENING, MEET AND

GREET WTH DANIEL TIGER, AND OTHER FUN ACTIVITIES.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization DETROIT EDUCATIONAL TELEVISION **Employer identification number** 38-1440200 FOUNDATION ROAD SHOWS. PART OF THE ONE DETROIT BUREAU, DPTV PERIODICALLY TAKES ITS STUDIO PRODUCTIONS, "AMERICAN BLACK JOURNAL" AND "ONE DETROIT" ON LOCATION FOR TOWN-HALL-STYLE COMMUNITY DISCUSSIONS ON IMPORTANT TOPICS SUCH AS ELECTIONS, COMMUNITY SOLUTIONS, EDUCATION, AND MORE. WRCJ 90.9 FM. COMMUNITY ENGAGEMENT ACTIVITIES INCLUDED CLASSICAL BRUNCH CONCERT SERIES AT THE COMMUNITY HOUSE IN BIRMINGHAM, MI., ON-SITE PRESENCE AT THE DETROIT JAZZ FESTIVAL, OFFICIAL MEDIA SPONSORS OF DSO NEIGHBORHOOD CONCERT SERIES, AND MAX AT THE MUSIC HALL JAZZ EVENTS. FREE MOBILE APPS. FREE MOBILE APPS FOR DPTV AND WRCJ ARE NOW ENJOYED BY MORE THAN 23,500 TOTAL USERS. FORM 990, PART VI, SECTION A, LINE 4: DETROIT EDUCATIONAL TEVELVISION FOUNDATION'S BYLAWS WERE AMENDED ON FEBRUARY 13, 2020 TO INCLUDE A DESIGNATED CHAIR-ELECT POSITION ON THE BOARD. THE DESIGNATED CHAIR-ELECT WORKS CLOSELY WITH THE CURRENT BOARD CHAIR AND CHAIR ELECT THROUGH THE REMAINDER OF THEIR TERMS AND IS THEN ELECTED CHAIR-ELECT. 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

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

WRITTEN QUESTIONNAIRE 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

ANNUALLY APPROVES THE GOALS AND OBJECTIVES FOR THE ORGANIZATION RELEVANT TO

THE COMPENSATION OF THE PRESIDENT AND CEO, AND FOR OTHER KEY EMPLOYEES.

THE COMMITTEE EVALUATES THESE PERSONS' PERFORMANCE IN LIGHT OF THE GOALS

AND ANNUALLY DETERMINES THEIR COMPENSATION. THE COMMITTEE SEEKS AND

CONSIDERS OBJECTIVE EXTERNAL COMPARATIVE DATA (LAST COMPLETED SEPTEMBER

2019), PAST YEARS' COMPENSATION AMOUNTS AND THE COMMITTEE'S ASSESSMENT OF

CURRENT AND EXPECTED CONTRIBUTION THESE INDIVIDUALS BRING TO THE

ORGANIZATION'S SUCCESS. THIS EVALUATION PROCESS IS ADMINISTERED AND

DOCUMENTED BY THE HUMAN RESOURCES DEPARTMENT, WITH FINAL APPROVAL BY THE

COMPENSATION & HUMAN RESOURCE COMMITTEE AND EXECUTIVE COMMITTEE.

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

AUDITED FINANCIAL STATEMENTS, 990 AND 990-T, CORPORATE POLICIES AND

GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSITE WWW.DPTV.ORG

AND UPON REQUEST. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

### SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

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

**2019** 

Open to Public Inspection

OMB No. 1545-0047

Name of the organization DETROIT EDUCATIONAL TELEVISION Employer identification number 50UNDATION 38-1440200

(a)	(b)	(c)	(d)	(e	·)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-yea	ar assets	ssets Direct contro entity			
RADIO SERVICES LLC - 81-5064486						DETROIT CLA	SSICAL	AND	
1 CLOVER COURT						JAZZ EDUCAT:	IONAL R	ADIO	
WIXOM, MI 48393	EMPLOYEE LEASING	MICHIGAN		0.	0.	LLC			
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.				_	e or more				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity		(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity		512(b)(1: trolled	
				501(c)(3))			Yes	No	
							<u> </u>	_	

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

Schedule R (Form 990) 2019

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
VISION COMMUNICATIONS, INC 38-2418615  1 CLOVER COURT WIXOM, MI 48393	COMMUNICATIONS		DETROIT EDUCATIONAL TELEVISION	C CORP	0.	0.	100%		110

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		<u>X</u>
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		<u>X</u>
h	Purchase of assets from related organization(s)				1h		<u>X</u>
i	Exchange of assets with related organization(s)				1i		<u>X</u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u> </u>
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
1	Performance of services or membership or fundraising solicitations for related organizations	zation(s)			11		<u>X</u>
	n Performance of services or membership or fundraising solicitations by related organiz				1m		<u>X</u>
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		<u>X</u>
	Sharing of paid employees with related organization(s)				10		<u>X</u>
р	Reimbursement paid to related organization(s) for expenses				1p		X
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who				•		
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							
3216	33 09-10-19			Schedule	R (Form	990)	2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
									000) 0040

Provide additional information  Provide additional information for responses to questions on Schedule R. See instructions.
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:
NAME OF RELATED ORGANIZATION:
VISION COMMUNICATIONS, INC.
DIRECT CONTROLLING ENTITY: DETROIT EDUCATIONAL TELEVISION FOUNDATION
FORM 990, SCHEDULE R, PART I:
THE FOUNDATION IS THE SOLE MEMBER OF RADIO SERVICES, LLC AND RECEIVES
100 PERCENT OF THE PROFITS AND LOSSES OF THE ENTITY; HOWEVER, THE
ENTITY IS FULLY CONTROLLED BY THE NEW STATION OWNER. FCC REGULATIONS
REQUIRE THE NEW STATION OWNER TO CONTROL THE OPERATIONS OF RADIO
SERVICES, LLC IN ORDER TO MAINTAIN THE BROADCAST LICENSE. GIVEN THE
FACT THAT THE FOUNDATION DOES NOT CONTROL RADIO SERVICES, LLC, IT HAS
NOT BEEN CONSOLIDATED INTO THE FOUNDATION'S FINANCIAL STATEMENTS.

Form <b>990-T</b>	E	Exempt Organization Bus				ax Return	L	OMB No. 1545-0047
		(and proxy tax undo				<del>,</del> 20 202	, l	2040
	For ca	lendar year 2019 or other tax year beginning JUL 1,					7 .	2019
Department of the Treasury Internal Revenue Service	•	Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may	be ma	de public if your or	ganizat	tion is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name cluber DETROIT EDUCATIONAL TEL			ıs.)		Empl	yer identification number byees' trust, see ctions.)
<b>B</b> Exempt under section	Print	FOUNDATION						8-1440200
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	, see ir	structions.			(See ir	ated business activity code nstructions.)
408(e) 220(e) 408A 530(a)		1 CLOVER COURT City or town, state or province, country, and ZIP or	foreig	n nostal code				
529(a)		WIXOM, MI 48393	TOT GIG	ii postai code			532	420
C Book value of all assets		F Group exemption number (See instructions.)	<b>&gt;</b>			'		
at end of year 26,338,3		G Check organization type ► X 501(c) corp	oration	501(c) t	trust	401(a)	trust	Other trust
	-		1			he only (or first) unr		
		EE STATEMENT 1 uce at the end of the previous sentence, complete Pa	rte I an			complete Parts I-V. I		
business, then complete	-		i is i aii	u II, complete a Sci	ieuuie i	vi ioi eacii audilioiia	i ii aue	UI
		poration a subsidiary in an affiliated group or a paren	ıt-subsi	diary controlled gro	oup?	<b>▶</b> [	Ye	s X No
		tifying number of the parent corporation.						
The books are in care of	<u> </u>	OLLETTE E. BOYD, CFO ANI de or Business Income	) AS		elepho		<u>48-</u>	
		de of Busiliess illcome		(A) Income	-	(B) Expenses		(C) Net
<ul><li>1a Gross receipts or sale</li><li>b Less returns and allow</li></ul>		<b>c</b> Balance ▶	1c					
		A, line 7)	2					
3 Gross profit. Subtract			3					
		ch Schedule D)	4a		_			
		Part II, line 17) (attach Form 4797)	4b		-			
		sts	4c		-			
<ul><li>Income (loss) from a</li><li>Rent income (Schedu</li></ul>		ship or an S corporation (attach statement)	5 6	16,68	84.	8,66	59.	8,015.
,	, ,	me (Schedule E)	7	10,00	7=•	0,00		0,013.
		and rents from a controlled organization (Schedule F)	8					
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9					
		me (Schedule I)	10					
		3 J)	11					
		ns; attach schedule) gh 12	12	16,68	34.	8,66	59.	8,015.
Part II Deductio	ns No	ot Taken Elsewhere (See instructions fo	r limita			0,00	<i>.</i>	0,013.
(Deductions	must b	be directly connected with the unrelated busin	ess ind	come.)				
14 Compensation of offi	icers, di	rectors, and trustees (Schedule K)					14	
							15	
						I	16	
		ee instructions)					17 18	
							19	
		562)						
21 Less depreciation cla	imed oi	n Schedule A and elsewhere on return		21a			21b	
							22	
		mpensation plans					23	
		chedule I)					24 25	
		hedule J)					26	
		nedule)					27	
28 Total deductions. A	dd lines	14 through 27					28	0.
29 Unrelated business to	axable i	ncome before net operating loss deduction. Subtract	t line 28	3 from line 13			29	8,015.
•	-	loss arising in tax years beginning on or after Janua	-					^
		ncome. Subtract line 30 from line 29				I	30 31	8,015.
		work Reduction Act Notice, see instructions.				·····	υı	Form <b>990-T</b> (2019)
	F '	· · · · · · · · · · · · · · · · · · ·						( 10)

Part		otal Unrelated Business Taxab	ole Income						uge <b>L</b>
32	Total of	unrelated business taxable income computed	from all unrelated trades or businesses (s	see instructions)		32	8	, 01	15.
			(	,		33			
		le contributions (see instructions for limitation				34			0.
		related business taxable income before pre-20				35	8	, 01	<del>15.</del>
		on for net operating loss arising in tax years b				36			<del>15.</del>
		unrelated business taxable income before spe		,		37			
		deduction (Generally \$1,000, but see line 38 i				38	1	,00	00.
		ed business taxable income. Subtract line 38	, , , , , , , , , , , , , , , , , , , ,						
		omellar of zara or line 27				39			0.
Part	IV 1	ax Computation							
40	Organiz	ations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)		<b>&gt;</b>	40			0.
41	Trusts T	axable at Trust Rates. See instructions for ta	ax computation. Income tax on the amoun	nt on line 39 from:					
	Ta	x rate schedule or 🔃 Schedule D (Form	1041)		<b>&gt;</b>	41			
	-					42			
43	Alternat	ve minimum tax (trusts only)				43			
44	Tax on I	Noncompliant Facility Income. See instruction	ons			44			
	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	never applies			45			0.
Part		ax and Payments							
		tax credit (corporations attach Form 1118; tru				_			
						_			
-			0007)			-			
		or prior year minimum tax (attach Form 8801 (				10.			
		edits. Add lines 46a through 46d				46e			0.
47	Other to	t line 46e from line 45	Form 9611	n 9966  Othor	(attach schedule)	47			<u> </u>
		<b>K.</b> Add lines 47 and 48 (see instructions)			. ,	49			0.
		t 965 tax liability paid from Form 965-A or For							0.
		ts: A 2018 overpayment credited to 2019				00			<del></del>
		timated tax payments							
		osited with Form 8868							
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	51d					
f	Credit fo	r small employer health insurance premiums	(attach Form 8941)	51f					
g	Other cr		orm 2439						
	Fo	rm 4136 Ot	ther Total	▶ 51g					
	•					52			
		ed tax penalty (see instructions). Check if Forn				53			
		. If line 52 is less than the total of lines 49, 50	, , , , , , , , , , , , , , , , , , ,			54			
		ment. If line 52 is larger than the total of lines			<b>&gt;</b>	55			
56 Part		e amount of line 55 you want: Credited to 202 Statements Regarding Certain A			funded  ctions)	56			
		me during the 2019 calendar year, did the org		•	Ctions)			'es	No No
	-	nancial account (bank, securities, or other) in		-				65	NU
		Form 114, Report of Foreign Bank and Financi		•					
		>	iai / too and in and or in	io foreign country					Х
		he tax year, did the organization receive a dist	tribution from, or was it the grantor of, or	transferor to, a forei	an trust?				X
	-	see instructions for other forms the organizat		,					
	,	e amount of tax-exempt interest received or ac	*						
0	Un	der penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than	this return, including accompanying schedules an	nd statements, and to the	best of my knowl	edge and bel	ief, it is true,		
Sign		rect, and complete. Declaration of preparer (other than			ÄNT	May the IRS o	discuss this ref	turn wi	ith
Here		Oissant at a fficient	TREAS	URER	1	the preparer s	shown below (s		_
		Signature of officer	Date Title	1		instructions)?	X Yes		No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Paid		MINA M DEMEDO	MINA M DEMEDO	11/02/20	self- employed		00045	7 /	
•	arer		TINA M. PETERS AN, PLLC	11/03/20	Firm to Fine		09045 -1357		<del></del>
Use	Only		IDGE CT., STE. 500		Firm's EIN	- 30	-тээ/	ـ د ر	<u> </u>
		Firm's address AUBURN HIL			Phone no.	(248)	375-	710	0.0
			,			. – – – /		`	<u> </u>

Schedule A - Cost of Goods	s Sold. Enter	method of inven	ntory valuation ► N/A			
1 Inventory at beginning of year			6 Inventory at end of year			6
2 Purchases			7 Cost of goods sold. St			
3 Cost of labor			from line 5. Enter here			
<b>4a</b> Additional section 263A costs			line 2		,	7
(attach schedule)	4a		8 Do the rules of section			Yes No
<b>b</b> Other costs (attach schedule)			property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b			the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	.ease	d With Real Prop	erty)
1. Description of property						
(1) PRODUCTION STUDIO	OS, PROD	UCTION T	RUCK AND PRODU	JCTI	ON EQUIPMEN	T
(2)						
(3)						
(4)						
	2. Rent receive	ed or accrued			O(a) Dadwatiana dina dh	and the state of t
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` ' of rent for p	and personal property (if the percentagoersonal property exceeds 50% or if not is based on profit or income)	ge	columns 2(a) ar SEE STAT	connected with the income in a 2(b) (attach schedule)  EMENT 3
(1)			16,6	84.		8,669.
(2)			•			•
(3)						
(4)						
Total	0.	Total	16,6	84.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>	16,6	84.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>▶</b> 8,669.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)		•	
			2. Gross income from		Deductions directly control to debt-finance	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
	•		, ,,,		inter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			_		^	

Form **990-T** (2019)

Total dividends-received deductions included in column 8

Form 990-T (2019) **FOUNDATION** 

Schedule F - Interest,	Annuitie	s, Koyal 	ties, an	1				itions	(see ins	struction	is)
4					Controlled O	Ĭ .				T	<b>.</b>
Name of controlled organiza	ation	<b>2.</b> Em identifi num	cation	3. Net unre (loss) (see	elated income instructions)	<b>4.</b> Tota paym	al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	olling	Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organ	nizations			1							
7. Taxable Income	8. Net u	inrelated incon	ne (loss)	9. Total	of specified payr	nents	10. Part of colu			<b>11</b> . De	eductions directly connected
	(s	see instruction	s)		made		in the controlli gross	ing organ s income		with	n income in column 10
(1)											
(2)											
(3)											
(4)											
	•			•			Add colun Enter here and line 8, o		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u> ▶			0.		0.
Schedule G - Investme	ent Incor	ne of a S	Section	501(c)(7	), (9), or (	17) Org	anization				
(300 113	i dollorioj						3. Deductio	ns			5. Total deductions
<b>1.</b> Des	scription of inco	me			2. Amount of	income	directly conne	cted	4. Set-	asides chedule)	and set-asides (col. 3 plus col. 4)
(1)							(attach sched	iule)			(coi. 3 pius coi. 4)
(1)											
(2)											
(4)											
(4)					Enter here and	on page 1.					Enter here and on page 1,
					Part I, line 9, co						Part I, line 9, column (B).
Totala						0.					0.
Schedule I - Exploited	Exempt	Activity	Incom	e, Other	Than Adv		g Income				0.
(see insti	ructions)				A Notiness						<u> </u>
1. Description of exploited activity	unrelated incom	Gross business te from business	directly of with pro	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or Ilumn 2 n 3). If a e cols. 5	<ol><li>Gross inco from activity t is not unrelate business inco</li></ol>	hat ed	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)	1										
(3)	1										
(4)	1										
(1)		re and on , Part I, col. (A).	page 1	re and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.
Totals	<u> </u>	0.		0.							0.
Schedule J - Advertis Part I Income From					olidated	Basis					
	<u> </u>		<u> </u>		Τ.,		T				T , _
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute nrough 7.	5. Circulati income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) (2) (3) (4)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	<b>&gt;</b>		0.	0	•						0.
											Form <b>990-T</b> (2019)

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Form 990-T (2019) **FOUNDATION** 

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-hy-line basis )	

income	advertising costs	col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	<b>6.</b> Readership costs	costs (column 6 minus column 5, but not more than column 4).
0.	0.				0.
Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (A).  Enter here and on page 1, Part I, line 11, col. (B).	Enter here and on page 1, Part I, line 11, col. (A).  O •  Col. (A).  D •  Col. (B).  Col. (Col.	Enter here and on page 1, Part I, line 11, col. (A).  O •  O •  O •  O •  O •  O •  O •  O	Enter here and on page 1, Part 1, line 11, col. (A).  O •  O •  O •  O •  O •  O •  O •  O

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

Form **990-T** (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

## FACILITIES AND PRODUCTION EQUIPMENT RENTALS

TO FORM 990-T, PAGE 1

NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
212,033.	212,033.	0.	0.
		144,977.	144,977.
246,725.	0.	246,725.	246,725.
91,083.	0.	91,083.	91,083.
41,593.	0.	41,593.	41,593.
39,553.	0.	39,553.	39,553.
79,191.	0.	79,191.	79,191.
46,591.	0.	46,591.	46,591.
106,856.	0.	106,856.	106,856.
153,366.	0.	153,366.	153,366.
55,260.	0.	55,260.	55,260.
7,875.	0.	7,875.	7,875.
ER AVAILABLE THIS	YEAR	1,013,070.	1,013,070.
	212,033. 209,268. 246,725. 91,083. 41,593. 39,553. 79,191. 46,591. 106,856. 153,366. 55,260. 7,875.	LOSS PREVIOUSLY APPLIED  212,033. 212,033. 212,033. 209,268. 64,291. 246,725. 0. 91,083. 0. 41,593. 0. 39,553. 0. 79,191. 0. 46,591. 0. 106,856. 153,366. 0. 55,260. 0.	LOSS SUSTAINED APPLIED REMAINING  212,033. 212,033. 0. 209,268. 64,291. 144,977. 246,725. 0. 246,725. 91,083. 0. 91,083. 41,593. 0. 41,593. 39,553. 0. 39,553. 79,191. 0. 79,191. 46,591. 0. 46,591. 106,856. 0. 106,856. 153,366. 55,260. 7,875.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTA	L INCOME	STATEMENT 3
DESCRIPTION			ACTIVIT NUMBER	=	TOTAL
REPAIRS AND MAIN WAGES OTHER	NTENANCE			7,957. 602.	•
DEPRECIATION		- SUBTOTA	L - 1	93.	8,669.
TOTAL TO FORM 99	00-т, schedui	LE C, COLUI	MIN 3		8,669.