

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization DETROIT EDUCATIONAL TELEVISION FOUNDATION		<b>D</b> Employer identification number 38-1440200
	Doing business as <b>DETROIT PUBLIC TV, WRCJ 90.9 FM, DPT</b>		<b>E</b> Telephone number 248-305-3701
	Number and street (or P.O. box if mail is not delivered to street address) <b>48325 ALPHA DRIVE</b>	Room/suite <b>150</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>WIXOM, MI 48393</b>		<b>G</b> Gross receipts \$ <b>20,131,562.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
	<b>F</b> Name and address of principal officer: <b>RITSCHARD P. HOMBERG</b> <b>SAME AS C ABOVE</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.DPTV.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1953</b>
<b>M</b> State of legal domicile: <b>MI</b>			

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>DPTV'S MISSION IS TO EDUCATE, ENGAGE, ENTERTAIN AND INSPIRE THROUGH THE POWER OF PUBLIC MEDIA.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	35
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	34
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	124
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	74
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	8,300.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 20,984,191.	Current Year 16,539,273.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,411,109.	1,114,852.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,611.	395,445.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	758,213.	1,281,358.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,273,124.	19,330,928.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,062,459.	8,402,568.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	1,781,287.	1,830,463.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	4,480,584.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,670,277.	10,315,030.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,514,023.	20,548,061.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,759,101.	-1,217,133.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 32,467,190.	End of Year 33,263,620.
	<b>21</b>	Total liabilities (Part X, line 26)	6,748,825.	8,383,364.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	25,718,365.	24,880,256.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	OLLETTE E. BOYD, CFO AND ASSISTANT TREASURER				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TROY MARINE, CPA	TROY MARINE, CPA	10/28/23		P00187863
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	BAKER TILLY US, LLP	39-0859910		248.372.7300	
	Firm's address				
	2000 TOWN CENTER STE. 900				
	SOUTHFIELD, MI 48075				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 6,130,828. including grants of \$ ) (Revenue \$ 294,509. ) BROADCAST:

DETROIT EDUCATIONAL TELEVISION FOUNDATION OPERATES WTVS DETROIT PUBLIC TELEVISION (DPTV), WHICH CONTINUES TO OPERATE AS THE ONLY LOCALLY-OWNED, INDEPENDENT, NON-PROFIT TELEVISION STATION IN METROPOLITAN DETROIT, BROADCASTING ON FIVE DIGITAL CHANNELS: 56.1, 56.2 (DETROIT PBS KIDS), 56.3 (CREATE), 56.4 (WORLD), AND 56.5 (MICHIGAN LEARNING CHANNEL). THE FOUNDATION ALSO MANAGES WRCJ 90.9 FM AND HD-1, DETROIT'S ONLY PUBLIC RADIO STATION DEDICATED TO CLASSICAL AND JAZZ MUSIC.

VIEWERSHIP AND PUBLIC TRUST FOR DETROIT PUBLIC TELEVISION:

4b (Code: ) (Expenses \$ 6,056,410. including grants of \$ ) (Revenue \$ 1,160,415. ) PRODUCTION & CONTENT CREATION:

THE PRODUCTION TEAM CONTINUES TO PRODUCE IN THE WIXOM STUDIOS AS WELL AS TAKING DPTV'S HD PRODUCTION TRUCK ON THE ROAD TO CAPTURE IMPORTANT CONFERENCES, EVENTS, AND CONCERTS. BELOW ARE PRODUCTIONS BY CATEGORY.

ARTS AND CULTURE:

DETROIT PERFORMS: LIVE FROM MARYGROVE IS A WEEKLY TELEVISION SERIES THAT INCLUDES A DIGITAL PRESENCE. THE SERIES IS NOW RECORDED AT THE MARYGROVE CONSERVANCY THEATER AND FEATURES DETROITERS PERFORMING WITH A DIFFERENT ARTS AND CULTURAL PARTNER CURATING EACH EPISODE. THIS FORMAT ASSURES A DIVERSE LINEUP OF MUSICIANS, ARTISTS, STORYTELLERS, ACTORS

4c (Code: ) (Expenses \$ 1,423,823. including grants of \$ ) (Revenue \$ ) ENGAGEMENT & OUTREACH:

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

SESAME STREET IN COMMUNITIES' WORKSHOPS FOR CAREGIVERS ARE CONDUCTED REGULARLY AT PARTNER ORGANIZATIONS THROUGHOUT DETROIT AND EXPANDED TO OFFER "PUBLIC" MEET-UPS EACH MONTH. THE SERIES SUPPORTS PARENTS AND CAREGIVERS IN SETTING THE FOUNDATION FOR HEALTHY DEVELOPMENT IN

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

4e Total program service expenses 13,611,061.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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 "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 124		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 35		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 34		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 OLLETTE E. BOYD - 248-305-3701  
 48325 ALPHA DRIVE, 150, WIXOM, MI 48393

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RITSCHARD P. HOMBERG PRESIDENT & CEO	40.00	X		X				411,828.	0.	43,968.
(2) OLLETTE E. BOYD ASSISTANT TREASURER & CFO	40.00			X				250,450.	0.	20,098.
(3) GEORGEANN HERBERT-MYERS SR. VICE PRESIDENT, STRATEGY AND ENG	40.00					X		176,605.	0.	4,961.
(4) FREDERICK NAHHAT SR. VICE PRESIDENT, PRODUCTION	40.00					X		143,417.	0.	20,978.
(5) STEPHEN DANOWSKI DIRECTOR, BUSINESS DEVELOPMENT & COR	40.00					X		145,597.	0.	18,249.
(6) EDWARD MOORE VP, CONTENT	40.00					X		141,837.	0.	20,892.
(7) RYAN LAURIE VP, DEVELOPMENT OPERATIONS	40.00					X		140,042.	0.	20,840.
(8) LAURA BRANDT ASSISTANT SECRETARY	40.00			X				152,698.	0.	4,647.
(9) MELISSA ROY BOARD CHAIR	3.00	X		X				0.	0.	0.
(10) JOYCE JENEREAUX CHAIR DEVELOPMENT COMMITTEE	2.00	X		X				0.	0.	0.
(11) SHAUN WILSON CHAIR GOV. & NOMINATING COMMITTEE	2.00	X		X				0.	0.	0.
(12) GEANEEN ARENDS SECRETARY	1.00	X		X				0.	0.	0.
(13) SIMON S. WHITELOCKE TREASURER & CHAIR FIN. & AUDIT COMM.	2.00	X						0.	0.	0.
(14) ADDELL AUSTIN-ANDERSON TRUSTEE	1.00	X						0.	0.	0.
(15) ALEXIS WILEY TRUSTEE	1.00	X						0.	0.	0.
(16) ASHLEY WILLIAMS TRUSTEE	0.50	X						0.	0.	0.
(17) BRAD SIMMONS TRUSTEE	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BYRON PITTS TRUSTEE	0.50	X						0.	0.	0.
(19) CHARLES METZGER TRUSTEE	1.00	X						0.	0.	0.
(20) CHRISTINE A. SING TRUSTEE	0.50	X						0.	0.	0.
(21) COLLEEN ALLEN TRUSTEE	2.00	X						0.	0.	0.
(22) DAN DUGGAN TRUSTEE	0.50	X						0.	0.	0.
(23) DANIEL MINER TRUSTEE	0.30	X						0.	0.	0.
(24) DAVID STURTZ TRUSTEE	1.00	X						0.	0.	0.
(25) DONNA MURRAY-BROWN TRUSTEE	0.30	X						0.	0.	0.
(26) ELDRIDGE RYANS TRUSTEE	0.30	X						0.	0.	0.
<b>1b Subtotal</b>								1,562,474.	0.	154,633.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,562,474.	0.	154,633.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CPD-CONTRI DEV PARTNERSHIP PO BOX 412299, BOSTON, MA 02241-4670	MEMBERSHIP & FUNDRAISING	1,127,481.
SIG MLC, LLC, 2805 WILDERNESS PLACE, SUITE 100, BOULDER, CO 80301	MLC BROADCAST PROGRAMMING SERVICES	486,690.
DONOR DEVELOPMENT STRATEGIES, 141 UNION BLCD, SUITE 300, LAKEWOOD, CO 80228	MEMBERSHIP & FUNDRAISING-CANVASSING	363,509.
FOREST INCENTIVES 790 JACKSONVILLE ROAD, WARMINSTER, PA 18974	PREMIUM FULFILLMENT	299,197.
KT CAHILL AND COMPANY, LLC, 731 BROCKMOOR LANE, BLOOMFILED HILLS, MI 48304	FUNDRAISING CONSULTANT	210,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



DETROIT EDUCATIONAL TELEVISION  
FOUNDATION

Form 990

38-1440200

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) FREDA SAMPSON TRUSTEE	0.30	X						0.	0.	0.
(28) GREGORY HAYNES TRUSTEE	0.50	X						0.	0.	0.
(29) HIREN BHATT TRUSTEE	0.50	X						0.	0.	0.
(30) JOHN WALSH TRUSTEE	1.00	X						0.	0.	0.
(31) KENNETH CLARKSON TRUSTEE	0.50	X						0.	0.	0.
(32) LINZIE VENEGAS TRUSTEE	0.30	X						0.	0.	0.
(33) MANNY TORGOW TRUSTEE	0.30	X						0.	0.	0.
(34) MARAM ALAIWAT TRUSTEE	2.00	X						0.	0.	0.
(35) MARK BERNSTEIN TRUSTEE	2.00	X						0.	0.	0.
(36) MICHAEL WATSON TRUSTEE	0.50	X						0.	0.	0.
(37) MICHELLE GREENE TRUSTEE	0.30	X						0.	0.	0.
(38) PAM MCCLAIN TRUSTEE	0.50	X						0.	0.	0.
(39) RAJEEV SHAH TRUSTEE	0.30	X						0.	0.	0.
(40) REUBEN RASHTY TRUSTEE	0.30	X						0.	0.	0.
(41) RICK NOTTER TRUSTEE	0.50	X						0.	0.	0.
(42) SYLVESTER HESTER TRUSTEE	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,470,996.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,068,277.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 346,370.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		16,539,273.			
Program Service Revenue	<b>2 a</b>	PRODUCTION OF PROGRAMS	<b>Business Code</b>				
			900099	1,114,852.	1,114,852.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		1,114,852.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		410,101.		410,101.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		50,633.		50,633.	
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal	19,830.		
	<b>b</b>	Less: rental expenses ...	<b>6b</b>		11,530.		
	<b>c</b>	Rental income or (loss)	<b>6c</b>		8,300.		
	<b>d</b>	Net rental income or (loss) .....		8,300.		8,300.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other	725,171.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	739,827.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	-14,656.			
<b>d</b>	Net gain or (loss) .....		-14,656.		-14,656.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>		73,402.			
				49,277.			
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....		24,125.	24,125.			
Miscellaneous Revenue	<b>11 a</b>	EXCESS BROADCAST CAPAC	<b>Business Code</b>	516100	882,353.	882,353.	
	<b>b</b>	MISCELLANEOUS REVENUE		900099	315,947.	315,947.	
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		1,198,300.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		19,330,928.	1,454,924.	8,300.	1,328,431.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	804,543.	157,136.	647,407.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	6,482,836.	4,565,632.	796,329.	1,120,875.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	58,507.	40,191.	8,896.	9,420.
<b>9</b> Other employee benefits .....	574,818.	419,843.	26,623.	128,352.
<b>10</b> Payroll taxes .....	481,864.	340,524.	71,214.	70,126.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	30,956.	2,705.	28,133.	118.
<b>c</b> Accounting .....	46,075.		46,075.	
<b>d</b> Lobbying .....	90,690.		90,690.	
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	1,830,463.			1,830,463.
<b>f</b> Investment management fees .....	55,542.		55,542.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	2,737,796.	2,434,208.	179,305.	124,283.
<b>12</b> Advertising and promotion .....	145,522.	40,929.	62,952.	41,641.
<b>13</b> Office expenses .....	355,809.	162,223.	90,023.	103,563.
<b>14</b> Information technology .....	616,861.	346,166.	49,694.	221,001.
<b>15</b> Royalties .....	165.	165.		
<b>16</b> Occupancy .....	692,111.	599,399.	43,675.	49,037.
<b>17</b> Travel .....	84,248.	52,502.	28,318.	3,428.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	20,567.		20,567.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,217,865.	1,104,529.	48,949.	64,387.
<b>23</b> Insurance .....	226,602.	165,807.	29,346.	31,449.
<b>24</b> 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.)				
<b>a</b> PROGRAM CONTENT ACQUISI	2,823,581.	2,823,581.		
<b>b</b> PROGRAM PREMIUM SUPPLIE	412,973.	167.		412,806.
<b>c</b> MAINTENANCE, REPAIR, &	390,839.	319,548.	32,792.	38,499.
<b>d</b> CREDIT CARD & BANK FEES	211,754.		27,703.	184,051.
<b>e</b> All other expenses	155,074.	35,806.	72,183.	47,085.
<b>25</b> Total functional expenses. Add lines 1 through 24e	20,548,061.	13,611,061.	2,456,416.	4,480,584.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	947,525.	<b>1</b>	577,722.
	<b>2</b> Savings and temporary cash investments .....	5,519,923.	<b>2</b>	6,192,787.
	<b>3</b> Pledges and grants receivable, net .....	3,177,079.	<b>3</b>	2,378,361.
	<b>4</b> Accounts receivable, net .....	759,855.	<b>4</b>	963,219.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	29,753.	<b>8</b>	35,479.
	<b>9</b> Prepaid expenses and deferred charges .....	745,958.	<b>9</b>	550,610.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,263,219.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,829,510.		
	<b>11</b> Investments - publicly traded securities .....	13,773,283.	<b>10c</b>	3,433,709.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,806,249.	<b>11</b>	7,198,491.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	0.	<b>12</b>	375,729.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	707,565.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	32,467,190.	<b>15</b>	11,557,513.	
		<b>16</b>	33,263,620.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,814,408.	<b>17</b>	1,333,506.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	38,000.	<b>19</b>	2,993,585.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,702,500.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,193,917.	<b>25</b>	4,056,273.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,748,825.	<b>26</b>	8,383,364.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,592,159.	<b>27</b>	22,221,438.
	<b>28</b> Net assets with donor restrictions .....	4,126,206.	<b>28</b>	2,658,818.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	25,718,365.	<b>32</b>	24,880,256.
<b>33</b> Total liabilities and net assets/fund balances .....	32,467,190.	<b>33</b>	33,263,620.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,330,928.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,548,061.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,217,133.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,718,365.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	379,024.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	24,880,256.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2022)

**SCHEDULE A  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

Employer identification number  
**38-1440200**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16,485,296.	16,630,566.	19,733,690.	20,984,191.	16,539,273.	90,373,016.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	16,485,296.	16,630,566.	19,733,690.	20,984,191.	16,539,273.	90,373,016.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						90,373,016.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	16,485,296.	16,630,566.	19,733,690.	20,984,191.	16,539,273.	90,373,016.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	444,085.	464,894.	1,153,454.	174,781.	460,734.	2,697,948.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	67,236.	8,014.	70,851.	6,354.	8,300.	160,755.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	213,539.	280,196.	342,107.	689,083.	1,198,300.	2,723,225.
<b>11 Total support.</b> Add lines 7 through 10						95,954,944.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,013,882.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	94.18	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	94.68	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**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)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 213,539.

2019 AMOUNT: \$ 280,196.

2020 AMOUNT: \$ 342,107.

2021 AMOUNT: \$ 689,083.

2022 AMOUNT: \$ 1,198,300.

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)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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

Organization type (check one):

**Filers of:**

**Section:**

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 2,275,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://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 instructions), then

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

Name of organization	DETROIT EDUCATIONAL TELEVISION FOUNDATION	Employer identification number	38-1440200
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		2,148.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		90,690.
<b>j</b> Total. Add lines 1c through 1i .....			92,838.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

FORM 990, SCHEDULE C, PART II-B, LINE 1

DETF IS A MEMBER OF APTS ACTION, INC., A 501(C)(4) ADVOCACY ORGANIZATION

WHICH IS PERMITTED TO ENGAGE IN ALL NECESSARY LEGISLATIVE LOBBYING ON

BEHALF OF PUBLIC TELEVISION STATIONS.

DETF HAS ENGAGED MUCHMORE HARRINGTON SMALLEY & ASSOCIATES, LLC IN

REPRESENTATION BEFORE THE MICHIGAN LEGISLATURE, DEPARTMENT OF EDUCATION,

**Part IV** Supplemental Information *(continued)*

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.

DETF VOLUNTEER BOARD MEMBERS WERE ENCOURAGED TO REACH OUT TO STATE

LAWMAKERS AND THE EXECUTIVE AND ADMINISTRATIVE BRANCHES OF THE STATE OF

MICHIGAN WITH THE GOAL OF INCREASING AWARENESS OF THE MICHIGNAL LEARNING

CHANNEL, PROMOTE THE IMPACT OF OUR WORK, AND ENCOURAGE STATEWIDE SUPPORT.

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization DETROIT EDUCATIONAL TELEVISION FOUNDATION

Employer identification number 38-1440200

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, including revenue and asset amounts.

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,919,379.	4,751,753.	2,388,110.	2,422,665.	2,315,466.
b Contributions	618,000.	2,000,000.	1,661,369.		
c Net investment earnings, gains, and losses	500,365.	-832,374.	702,274.	-34,555.	107,199.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,037,744.	5,919,379.	4,751,753.	2,388,110.	2,422,665.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.9400 %
  - b Permanent endowment 1.0600 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,163,669.	7,778,010.	3,385,659.
e Other		99,550.	51,500.	48,050.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,433,709.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTANGIBLE ASSET	574,292.
(2) ASSETS HELD FOR SALE	9,728,409.
(3) LEASES RIGHT OF USE ASSETS	1,254,812.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	11,557,513.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 457B DEFERRED COMPENSATION	318,341.
(3) UNEARNED GIFT ANNUITY	3,566.
(4) EQUIPMENT LIABILITY	141,464.
(5) GRANTS PAYABLE	574,292.
(6) OTHER LONG TERM LIABILITY	1,763,402.
(7) LEASE LIABILITY	1,255,208.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,056,273.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	19,745,535.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 379,024.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 30,318.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	409,342.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	19,336,193.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 55,542.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -60,807.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-5,265.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	19,330,928.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	20,583,644.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 30,318.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	30,318.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	20,553,326.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 55,542.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -60,807.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-5,265.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	20,548,061.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	-49,277.
RENTAL EXPENSES	-11,530.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-60,807.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-11,530.
COST OF GOODS SOLD	-49,277.

**Part XIII** Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XII, LINE 4B -60,807.

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2022**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CONTRIBUTOR DEVELOPMENT PARTNERSHIP - PO BOX 414670, ACD DIRECT, INC. - 1353 NORTH, 1075 WEST, FARMINGTON, PHOENIX PRESS INC. - 1775 BELLINGHAM, TROY, MI 48083	MEMBERSHIP MARKETING SERVICES		X	3,983,169.	978,125.	3,005,044.
NORTH, 1075 WEST, FARMINGTON, PHOENIX PRESS INC. - 1775 BELLINGHAM, TROY, MI 48083	FULL SERVICE CALL CENTER		X	2,544,213.	143,037.	2,401,176.
DONOR DEVELOPMENT STRATEGIES - 141 UNION BLVD, SUITE 300, CHARITABLE ADULT RIDES & SERVICES (CARS) - 4669 MURPHY KT CAHILL & COMPANY, LLC - 1901 HOLLAND ST, BIRMINGHAM, THE REMINGTON GROUP - 21820 DOVER CT, BEVERLY HILLS, MI	MEMBERSHIP MARKETING SERVICES	X		231,322.	334,840.	-103,518.
	VEHICLE DONATION SERVICES	X		60,905.	18,421.	42,484.
	FUNDRAISING CONSULTANT		X	0.	122,500.	-122,500.
	FUNDRAISING CONSULTANT		X	0.	90,000.	-90,000.
<b>Total</b>				7,397,786.	1,830,463.	5,567,323.

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

MI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: CONTRIBUTOR DEVELOPMENT PARTNERSHIP

(I) ADDRESS OF FUNDRAISER: PO BOX 414670, BOSTON, MA 02241-4670

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

(I) ADDRESS OF FUNDRAISER: 1353 NORTH, 1075 WEST, FARMINGTON, UT 84025

(I) NAME OF FUNDRAISER: DONOR DEVELOPMENT STRATEGIES

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 141 UNION BLVD, SUITE 300, LAKEWOOD, CO 80228

(I) NAME OF FUNDRAISER: CHARITABLE ADULT RIDES & SERVICES (CARS)

(I) ADDRESS OF FUNDRAISER:

4669 MURPHY CANYON ROAD, STE 200, SAN DIEGO, CA 92123

(I) NAME OF FUNDRAISER: KT CAHILL & COMPANY, LLC

(I) ADDRESS OF FUNDRAISER: 1901 HOLLAND ST, BIRMINGHAM, MI 48009

(I) NAME OF FUNDRAISER: THE REMINGTON GROUP

(I) ADDRESS OF FUNDRAISER: 21820 DOVER CT, BEVERLY HILLS, MI 48025

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RITSCHARD P. HOMBERG PRESIDENT & CEO	(i)	331,532.	69,686.	10,610.	30,350.	13,618.	455,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) OLLETTE E. BOYD ASSISTANT TREASURER & CFO	(i)	207,668.	41,475.	1,307.	6,475.	13,623.	270,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEORGEANN HERBERT-MYERS SR. VICE PRESIDENT, STRATEGY AND ENG	(i)	155,901.	19,375.	1,329.	4,668.	293.	181,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FREDERICK NAHAT SR. VICE PRESIDENT, PRODUCTION	(i)	126,119.	16,875.	423.	4,061.	16,917.	164,395.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHEN DANOWSKI DIRECTOR, BUSINESS DEVELOPMENT & COR	(i)	139,284.	5,639.	674.	4,546.	13,703.	163,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EDWARD MOORE VP, CONTENT	(i)	124,827.	16,500.	510.	3,975.	16,917.	162,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RYAN LAURIE VP, DEVELOPMENT OPERATIONS	(i)	123,696.	16,250.	96.	3,923.	16,917.	160,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAURA BRANDT ASSISTANT SECRETARY	(i)	135,131.	16,875.	692.	4,065.	582.	157,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	69	60,905.	NET SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	205,038.	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 ( TICKET GIVEAWAY )	X	28	80,426.	NET SELLING PRICE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

DETROIT EDUCATIONAL TELEVISION FOUNDATION IS REPORTING SCHEDULE M USING

THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

AUTO DONATIONS ARE HANDLED BY THIRD PARTY, CARS INC.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

DPTV IS THE ONLY PUBLIC TELEVISION STATION IN THE DETROIT MARKET AND MICHIGAN'S MOST-WATCHED PUBLIC STATION, REGULARLY VIEWED BY SOME NEARLY 2 MILLION PEOPLE IN SOUTHEAST MICHIGAN AND THROUGHOUT CANADA. PUBLIC TELEVISION HAS BEEN NAMED THE MOST TRUSTED INSTITUTION IN AMERICA FOR 19 YEARS IN A ROW (SOURCE: MARKETING & RESEARCH RESOURCES, JANUARY 2023).

WRCJ 90.9 FM IS LISTENED TO BY MORE THAN 150,000 LISTENERS IN SOUTHEAST MICHIGAN EACH WEEK AND IS STREAMED WORLDWIDE ON WRCJFM.ORG.

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

AND OTHER PERFORMANCE ARTISTS, ALL PRESENTING ORIGINAL MATERIAL. THIS PAST YEAR, DETROIT PERFORMS RECORDED A SPECIAL EPISODE AT THE DETROIT OPERA, WITH A BEHIND THE SCENES LOOK AND TO PROMOTE THE OPERA'S SHOW "FOUNTAIN OF TEARS".

SPHINX FINALS CONCERT: DPTV PARTNERED WITH THE SPHINX ORGANIZATION TO LIVESTREAM AND BROADCAST THE 26TH ANNUAL SPHINX FINALS COMPETITION CONCERT. THE SPHINX COMPETITION OFFERS YOUNG BLACK AND LATINX CLASSICAL STRING PLAYERS A CHANCE TO COMPETE UNDER THE GUIDANCE OF AN INTERNATIONAL RENOWNED PANEL OF JUDGES AND TO PERFORM WITH ESTABLISHED PROFESSIONAL MUSICIANS IN A COMPETITION SETTING.

LIVE STREAMING AND BROADCAST SERVICES: DPTV REGULARLY PROVIDES PRODUCTION SERVICES TO CONNECT EVENTS WITH LARGER AUDIENCES. CLIENTS IN FY23 INCLUDED "MACKINAC POLICY CONFERENCE", "DETROIT JAZZ FESTIVAL", "LIBRARY OF CONGRESS NATIONAL BOOK FESTIVAL", AND "KEVIN'S SONG ANNUAL CONFERENCE ON SUICIDE".

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90.9 WRCJ: DETROIT'S ONLY CLASSICAL AND JAZZ RADIO STATION PRODUCED

CONCERT BROADCASTS BY THE DETROIT OPERA AND THE DETROIT SYMPHONY

ORCHESTRA, AND RECORDED CONCERTS FROM MICHIGAN PHILHARMONIC AND ANN

ARBOR SYMPHONY ORCHESTRA. IN ADDITION, EACH WEEK 90.9 WRCJ HOSTS AN

HR OF CLASSICAL CONCERTS FROM MICHIGAN STATE UNIVERSITY WHICH

FEATURES FACULTY ARTISTS, STUDENT ENSEMBLES, AND GUESTS FROM AROUND THE

WORLD, CAPTURED IN PERFORMANCE AT COOK RECITAL HALL, FAIRCHILD THEATRE

AND WHARTON CENTER COBB GREAT HALL ON THE MSU CAMPUS.

CHILDREN AND EDUCATION:

DETROIT PBS KIDS IS A DIGITAL BROADCAST CHANNEL (56.2) AND ONLINE

SERVICE THAT PROVIDES CHILDREN'S PROGRAMMING 24/7 AND IS CONSISTENTLY

ONE OF THE MOST WATCHED PBS KIDS CHANNELS IN THE COUNTRY.

ADDITIONALLY, DETROIT PBS KIDS PROVIDES SIGNIFICANT PROGRAMMING TO THE

COMMUNITY, INCLUDING COMMUNITY EVENTS, WORKSHOPS, AND MEET-UPS REACHING

APPROXIMATELY 4,600 KIDS IN FY23.

THE MICHIGAN LEARNING CHANNEL (MLC) LAUNCHED AS A STATEWIDE PARTNERSHIP

BETWEEN ALL MICHIGAN PBS STATIONS IN JANUARY 2021. IT IS A 24/7

BROADCAST CHANNEL, STREAMING SERVICE AND ROBUST WEBSITE WITH ON-DEMAND

VIDEO AND SUPPLEMENTAL MATERIALS, OPERATED THROUGH DPTV. THE MLC OFFERS

INSTRUCTIONAL PROGRAMS THAT ARE STANDARDS ALIGNED AND FOLLOW THE

MICHIGAN EDUCATIONAL CALENDAR. IN FY23, DPTV PRODUCED "READ, WRITE,

ROAR! FOR PRESCHOOL", AND "THE CAREER CENTER" BROADCAST SHOWS WHICH

AIRED ON THE CHANNEL. AN ESTIMATED 500,000 VIEWERS WATCH EACH MONTH

ACROSS THE STATE. 70,000 SUMMER ACTIVITY BOOKS AND 15,000 LITERACY

BOOKS WERE DISTRIBUTED TO FAMILIES AND SCHOOLS STATEWIDE.

EDUCATION NEWSLETTERS: THE MICHIGAN LEARNING CHANNEL SENDS A MONTHLY

NEWSLETTER TO EDUCATORS (31,962 SUBSCRIBERS) PROVIDING CURRICULUM

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DRIVEN, CLASSROOM READY RESOURCES FOR GRADES PRE-K THROUGH 12. THE  
DETROIT PBS KIDS TEAM SENDS A MONTHLY NEWSLETTER TO FAMILIES (29,891  
SUBSCRIBERS), PROVIDING FUN ACTIVITIES AND LEARNING OPPORTUNITIES FOR  
KIDS OF ALL AGES.

READY TO LEARN: THROUGH THE READY TO LEARN INITIATIVE, DPTV PROVIDES  
FREE, EVIDENCE-BASED EDUCATIONAL MEDIA AND SUPPORTING LEARNING  
RESOURCES THAT HELP EDUCATORS, CAREGIVERS, AND PARENTS BUILD EARLY  
SCIENCE AND LITERACY SKILLS FOR AMERICA'S CHILDREN, ESPECIALLY THOSE  
FROM LOW-INCOME COMMUNITIES.

THE DPTV MAIN CHANNEL 56.1 BROADCASTS PBS KIDS PROGRAMMING FOR 7 HOURS  
EACH WEEKDAY, PROVIDING TRUSTED EDUCATIONAL PROGRAMS FOR CHILDREN.

PROFESSIONAL LEARNING OPPORTUNITIES FOR TEACHERS WERE HOSTED BY THE  
MICHIGAN LEARNING CHANNEL AND INCLUDED LITERACY ESSENTIALS IN  
PARTNERSHIP WITH MAISA, MLC VIRTUAL WEBINARS TO SHOW TEACHERS HOW TO  
USE THE MLC, AND MATH MIGHTS PROFESSIONAL DEVELOPMENT, PROVIDING NEW  
STRATEGIES TO HELP STUDENTS FEEL MORE CONFIDENT AND EXCITED ABOUT MATH.

LEADERSHIP AND PUBLIC POLICY:

ONE DETROIT WEEKLY SERIES: DPTV'S WEEKLY NEWS AND PUBLIC AFFAIRS SHOW  
"ONE DETROIT" EMPHASIZES ON-LOCATION INTERVIEWS AND FIELD REPORTS OF  
AUTHENTIC STORIES FROM THE PEOPLE OF DETROIT. THE SERIES CAPTURES THE  
CHARACTER, CULTURE AND CONCERNS OF METRO DETROIT, TAKING VIEWERS BEYOND  
THE HEADLINES TOWARD A DEEPER LEVEL OF UNDERSTANDING OF WHAT THE FUTURE  
MIGHT AND COULD HOLD FOR ITS 4 MILLION RESIDENTS.

AMERICAN BLACK JOURNAL: A WEEKLY SERIES OF NEWS AND INFORMATION FROM AN  
AFRICAN AMERICAN PERSPECTIVE. SPECIALS THIS YEAR INCLUDED VIRTUAL  
SCREENINGS AND PANEL DISCUSSIONS WITH PARTNERS THAT INCLUDED BLACK  
CHURCHES, THE CHARLES WRIGHT MUSEUM AND HISTORICALLY BLACK FRATERNITIES

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AND SORORITIES IN CONJUNCTION WITH "MAKING BLACK AMERICA", A NATIONAL  
 PBS SERIES RELEASED IN FALL 2022.

MACKINAC POLICY CONFERENCE: FOR THIRTEEN YEARS, DPTV AND THE DETROIT  
 REGIONAL CHAMBER HAVE PARTNERED TOGETHER TO MAKE THE STATE'S MOST  
 IMPORTANT CONVERSATIONS AT THE MACKINAC POLICY CONFERENCE AVAILABLE TO  
 ALL MICHIGANDERS. IN MAY 2023, THE CONFERENCE RECEIVED A REACH OF  
 153,352 PEOPLE VIA SOCIAL MEDIA, HAD 9,327 BROADCAST VIEWS AND WAS  
 STREAMED DIGITALLY 39,246 TIMES.

FUTURE OF WORK TOWNHALLS HAVE BEEN OFFERED THROUGH ONE DETROIT AND HAVE  
 BROUGHT TOGETHER SPECIAL GUESTS TO DISCUSS DIFFERENT ASPECTS OF THE  
 EVER-CHANGING WORKING WORLD. THE MONTHLY TOWNHALLS BEGAN IN APRIL 2022,  
 RUNNING THROUGH JUNE 2023. THROUGH A PARTNERSHIP WITH THE DETROIT  
 ECONOMIC CLUB, ONE DETROIT CO-HOSTED AN ADDITIONAL FIVE WORKFORCE  
 FOCUSED TOWN HALLS.

ENERGY AND ENVIRONMENT

GREAT LAKES BUREAU: DPTV CONTINUED ITS YEAR-ROUND REPORTING ON GREAT  
 LAKES ISSUES WITH MULTIPLATFORM ENVIRONMENTAL CONTENT.

GREAT LAKES MONTHLY SERIES: THIS SERIES, COVERING CRUCIAL ISSUES  
 AFFECTING THE WELL-BEING AND FUTURE OF THE GREAT LAKES PRODUCES A NEW  
 EPISODE EACH MONTH, AIRING ON 32 STATIONS AROUND THE COUNTRY IN THE  
 LAST YEAR. EACH 30-MINUTE EPISODE REPORTS ON THE LATEST DEVELOPMENTS  
 AFFECTING THE WORLD'S GREATEST SYSTEM OF FRESHWATER WITH IN-DEPTH  
 COVERAGE OF ENVIRONMENTAL, ECONOMIC AND POLITICAL ISSUES THAT IMPACT  
 THE LAKES AND THE PEOPLE WHO USE, CHERISH AND PROTECT THEM. PREVIOUS  
 EPISODES AIR WEEKLY ON DPTV'S MAIN CHANNEL, AND TWICE A WEEK ON THE  
 MICHIGAN LEARNING CHANNEL. LAST YEAR, THIS PROGRAM REACHED AN ESTIMATED  
 2,007,598 VIEWERS.

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GREAT LAKES CURRICULUM: GREAT LAKES NOW PROVIDES A UNIQUE OPPORTUNITY

FOR LEARNING ABOUT SCIENCE, TECHNOLOGY, ENGINEERING AND MATH. ORIGINAL,

FREE LESSON PLANS AND AT-HOME ACTIVITIES ARE BASED ON VIDEOS FROM THE

AWARD-WINNING "GREAT LAKES NOW" PUBLIC TELEVISION SERIES. NEW LESSONS

AND ACTIVITIES, AUTHORED BY A FORMER SCIENCE TEACHER, DEBUT EACH MONTH

AND ARE AVAILABLE ON THE NATIONAL PBS LEARNING MEDIA PLATFORM.

GREAT LAKES NOW WATCH PARTIES: WATCH PARTIES CONTINUE TO BE A

SUCCESSFUL ENGAGEMENT OPPORUTNITY, CONNECTING AUDIENCES TO PARTNERS AND

PEOPLE FEATURED IN THE MONTHLY EPISODES THROUGH A "SNEAK PEEK" PRIOR TO

THE AIRING ON THE NEW EPISODE. LAST YEAR, APPROXIMATLY 32,000 PEOPLE

VIEWED THESE VIRTUAL EVENTS.

OTHER INITIATIVES

PBS BOOKS: PBS BOOKS HOSTED A VARIETY OF AUTHOR TALKS AND VIRTUAL

EVENTS, FREE FOR THE PUBLIC, WHILE PROVIDING RESOURCES TO OVER 1,800

LIBRARIES. THE SERIES OF AUTHOR TALKS INCLUDED AUTHOR TALK CONNECTIONS

TO PBS NATIONAL CONTENT INCLUDING "U.S. AND THE HOLOCAUST", "MAKING

BLACK AMERICA", "ICONIC AMERICA" AND MORE. PBS BOOKS ALSO HOSTED FIVE

FINDING YOUR ROOTS NATIONAL CONVERSATIONS, WHICH ALONE HAD 573,000

IMPRESSIONS ON SOCIAL MEDIA AND 91,457 VIDEO VIEWS. PBS BOOKS SUPPORTS

LIBRARIES AND PBS STATIONS NATIONWIDE IN THEIR EFFORT TO CULTIVATE

COMMUNITIES OF LEARNING, CULTURE, AND CONSERVATION.

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

CHILDREN. WORKSHOPS COVER A RANGE OF TOPICS TO BE RESPONSIVE TO PARENT

NEEDS AND CONCERNS, OFFERING TOOLS IN BOTH ENGLISH AND SPANISH.

BE MY NEIGHBOR DAY WAS HELD AS AN IN-PERSON EVENT IN OCTOBER 2022. DPTV

HOSTED AN OUTDOOR EVENT 370 GUESTS ACROSS TWO TIMED SESSIONS. THE FREE



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EVENT INCLUDED AN ACTIVE DEMONSTRATION BY INPACT AND A STORY THAT INCLUDED YOGA MOVEMENTS THROUGHOUT. DANIEL TIGER PARTICIPATED IN A DANCE PARTY ON STAGE, AND DPTV PARTNERS PASSED OUT RESOURCES TO FAMILIES. FOUR BUSES PICKED UP FAMILIES FROM BRILLIANT DETROIT HOUSES AND BROUGHT THEM TO THE EVENT. PNC BANK HELPED DPTV TO COLLECT ALMOST 300 PAIRS OF SOCKS DURING THE EVENT WHICH WERE DISTRIBUTED TO FAMILIES AT PARTNER HEAD START LOCATIONS.

U.S. AND THE HOLOCAUST: DPTV PARTNERED WITH THE ZEKELMAN HOLOCAUST CENTER TO HOST AN IN-PERSON EVENT TO EXPLORE THE ISSUES RAISED IN THE NATIONAL PBS DOCUMENTARY SERIES AND HOW THEY RELATE TO THE LOCAL COMMUNITY. THE EVENT INCLUDED A PANEL DISCUSSION WITH HISTORIANS, A SECOND-GENERATION SURVIVOR, AND A LEADING VOICE OF THE INTERFAITH COMMUNITY ON CRUCIAL TOPICS RAISED IN THE DOCUMENTARY.

WELL BEINGS TOWN HALL: DPTV AND PBS BOOKS PARTNERED WITH WELL BEINGS, PBS NEWSHOUR STUDENT REPORTING LABS AND WETA TO HOST A TOWN HALL LED BY YOUTH, FOR YOUTH, TO RAISE AWARENESS ABOUT MENTAL HEALTH CHALLENGES SPECIFIC TO THE LGBTQIA+ COMMUNITY, ADDRESS STIGMATIZATIONS THAT CAN PREVENT CARE AND SUPPORT, AND CREATE SAFE SPACE FOR DIALOUGE AND SHARING OF RESOURCES.

WALK TO FREEDOM: ONE DETROIT AND AMERICAN BLACK JOURNAL COVERED THE COMMEMORATION OF THE 60TH ANNIVERSARY OF TWO HISTORIC EVENTS IN THE CIVIL RIGHT MOVEMENT: THE 1963 WALK TO FREEDOM AND THE MARCH ON WASHINGTON FOR JOBS AND FREEDOM. COVERAGE INCLUDED A TOWN HALL EVENT AND SEGMENTS WHICH RAN IN ONE DETROIT AND AMERICAN BLACK JOURNAL'S REGULAR NEWS PROGRAMMING. ADDITIONAL COVERAGE IS PLANNED FOR FY24.

DETROIT WE DEY: AMERICAN BLACK JOURNAL HOSTED A WATCH PARTY AROUND A NEW SHORT FILM DIRECTED BY DETROIT FILMAKER, OZI UDUMA, AS PART OF PBS'S "HOMEGROWN: FUTURE VISIONS" FILM SHORT SERIES. THE FILM DELVES

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INTO THE UNIQUE STORIES, EXPERIENCES AND CULTURAL CONTRIBUTIONS OF  
 DETROIT'S NIGERIAN COMMUNITY AND HIGHLIGHTS THE COMMUNITY'S RESILIENCE  
 IMMIGRATING TO A NEW COUNTRY AND HOLDING ONTO ITS CULTURAL HERITAGE. A  
 CONVERSATION WITH THE FILMMAKER ALSO AIRED IN ONE DETROIT PROGRAMMING.  
 THE ERIE SITUATION: GREAT LAKES NOW BROUGHT TOGETHER PBS STATIONS IN  
 SIX CITIES AND THREE STATES WHICH BORDER LAKE ERIE AND ONE ALONG LAKE  
 SUPERIOR TO SIMULTANEOUSLY BROADCAST THE FILM "THE ERIE SITUATION".  
 THE FILM, PRODUCED BY DAVID RUCK AND PLASTIC OCEANS, THAT EXPLORES THE  
 ISSUE OF ALGAL BLOOMS, HELPS RESIDENTS UNDERSTAND WHAT IS AT STAKE AND  
 WHAT IS POSSIBLE.

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.  
 FREE MOBILE APPS FOR DPTV AND WRCJ HAVE BEEN DOWNLOADED BY OVER 29,000  
 USERS.

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.  
 FREE MOBILE APPS FOR DPTV AND WRCJ ARE ENJOYED BY MORE THAN 29,000  
 TOTAL USERS.

FORM 990, PART VI, SECTION A, LINE 1A:  
 THE EXECUTIVE COMMITTEE CAN EXERCISE AUTHORITY OF BOARD BETWEEN MEETINGS,  
 ALTHOUGH THEY CANNOT AMEND ARTICLES OF INCORPORATION, ADOPT AGREEMENT OF  
 MERGER, APPROVE THE SALE OF ALL ASSETS, APPROVE DISSOLUTION, AMEND BYLAWS,  
 FILL BOARD VACANCIES OR FIX COMPENSATION OF TRUSTEES. CHAIR OF BOARD,

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CHAIR-ELECT, DESIGNATED CHAIR-ELECT, VICE CHAIRS, PRESIDENT AND CEO,  
 TREASURER, SECRETARY, AND CHAIRS OF STANDING COMMITTEES (FINANCE,  
 GOVERNANCE, DEVELOPMENT, COMP & HR). EXECUTIVE COMMITTEE CAN EXERCISE  
 AUTHORITY OF BOARD BETWEEN MEETINGS, ALTHOUGH THEY CANNOT AMEND ARTICLES OF  
 INCORPORATION, ADOPT AGREEMENT OF MERGER, APPROVE THE SALE OF ALL ASSETS,  
 APPROVE DISSOLUTION, AMEND BYLAWS, FILL BOARD VACANCIES OR FIX COMPENSATION  
 OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 11B:  
 THE CONTROLLER AND CFO REVIEW A DRAFT OF THE 990. ONCE THIS REVIEW IS  
 COMPLETE, MANAGEMENT PROVIDES A DRAFT FORM 990 TO THE MEMBERS OF THE BOARD  
 OF TRUSTEES TO REVIEW AND COMMENT BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:  
 ANNUALLY, OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE PROVIDED A COPY OF THE  
 CONFLICT OF INTEREST POLICY, ASKED TO READ AND REVIEW IT, AND TO COMPLETE A  
 WRITTEN 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 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

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ANNUALLY DETERMINES THEIR COMPENSATION. THE COMMITTEE SEEKS AND CONSIDERS OBJECTIVE EXTERNAL COMPARATIVE DATA, 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:  
 PROGRAMMING SERVICES:  
 MANAGEMENT AND GENERAL EXPENSES 15,000.  
 TOTAL EXPENSES 15,000.

PRODUCTION SERVICES:  
 PROGRAM SERVICE EXPENSES 1,960,301.  
 MANAGEMENT AND GENERAL EXPENSES 4,410.  
 FUNDRAISING EXPENSES 7,202.  
 TOTAL EXPENSES 1,971,913.

OTHER PROFESSIONAL SERVICES:  
 PROGRAM SERVICE EXPENSES 324,243.  
 MANAGEMENT AND GENERAL EXPENSES 159,895.  
 FUNDRAISING EXPENSES 92,059.

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TOTAL EXPENSES 576,197.

CLOSED CAPTION/TRANSCRIPTION SERVICES:

PROGRAM SERVICE EXPENSES 20,338.

FUNDRAISING EXPENSES 719.

TOTAL EXPENSES 21,057.

RATING SERVICES:

PROGRAM SERVICE EXPENSES 129,326.

FUNDRAISING EXPENSES 24,303.

TOTAL EXPENSES 153,629.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,737,796.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VISION COMMUNICATIONS, INC. - 38-2418615 48325 ALPHA DRIVE, SUITE 150 WIXOM, MI 48393	COMMUNICATIONS	MI	DETROIT EDUCATIONAL TELEVISION	C CORP	0.	0.	100%	X	

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

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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



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

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

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