

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2016**  
Open to Public Inspection

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

**A** For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>MICHIGAN OPERA THEATRE</b>		<b>D</b> Employer identification number  38-2052726	
	Doing business as		<b>E</b> Telephone number  313-961-3500	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	1526 BROADWAY		<b>G</b> Gross receipts \$ 19,224,687.	
City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI 48226		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F</b> Name and address of principal officer: WAYNE BROWN 1526 BROADWAY, DETROIT, MI 48226		<b>H(b)</b> Are all subordinates included? Yes No		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list. (see instructions)		
<b>J</b> Website: ▶ WWW.MICHIGANOPERA.ORG		<b>H(c)</b> Group exemption number ▶		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: 1971		<b>M</b> State of legal domicile: MI

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE PRODUCTION AND PRESENTATION OF OPERA, BALLET AND MUSICAL THEATER TO THE GENERAL PUBLIC.		
	<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>	48
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	46
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	658
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	745
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,184,769.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	8,237,923.	9,643,992.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,294,271.	3,870,127.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-57,492.	119,070.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,962,307.	2,882,293.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,437,009.	16,515,482.
	<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)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	5,336,539.	6,020,761.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,288,079.	500,125.	485,705.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,959,455.	9,031,729.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,796,119.	15,538,195.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	640,890.	977,287.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	52,272,620.	53,189,004.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	8,970,305.	8,825,731.
		43,302,315.	44,363,273.

## 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>	** PUBLIC DISCLOSURE COPY **		Date		
	Signature of officer WAYNE BROWN, PRESIDENT & CEO				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name PATRICK D. FUELLING, CPA	Preparer's signature	Date	Check if self-employed	PTIN P00530005
	Firm's name ▶ DOEREN MAYHEW	Firm's EIN ▶ 38-2492570	Phone no. 248-244-3000		
	Firm's address ▶ 305 WEST BIG BEAVER ROAD TROY, MI 48084				

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 [ ]

1 Briefly describe the organization's mission: THE MISSION OF MICHIGAN OPERA THEATRE IS TO BE ONE OF THE OUTSTANDING OPERA COMPANIES IN THE UNITED STATES AND, IN PARTICULAR, TO SERVE AS A MAJOR CULTURAL RESOURCE TO THE CITY OF DETROIT AND THE STATE OF MICHIGAN.

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 10,127,191. including grants of \$ ) (Revenue \$ 4,860,645. ) MAIN STAGE OPERA AND BALLET, MUSICAL THEATER PERFORMANCES AND LOCAL OUTREACH PROGRAMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 10,127,191.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 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
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> 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	
<b>19</b> 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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> .....		
<b>36</b> <b>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 in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (48), 1b (46), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MI
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PATRICIA WALKER - 313-237-5306 1526 BROADWAY, DETROIT, MI 48226

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DAVID DICHIERA FOUNDER & ARTISTIC DIRECTOR EMERITUS	40.00	X					186,923.	0.	41,146.	
(2) R. JAMISON WILLIAMS, JR. CHAIRMAN	10.00	X		X			0.	0.	0.	
(3) CAMERON B. DUNCAN TREASURER	0.50	X		X			0.	0.	0.	
(4) C. THOMAS TOPPIN SECRETARY	0.50	X		X			0.	0.	0.	
(5) MARGARET ALLESEE DIRECTOR	0.50	X					0.	0.	0.	
(6) MARIANNE ENDICOTT DIRECTOR	0.50	X					0.	0.	0.	
(7) PAUL E. EWING DIRECTOR	0.50	X					0.	0.	0.	
(8) ROBERT BROWN DIRECTOR	0.50	X					0.	0.	0.	
(9) DR. LORNA THOMAS DIRECTOR	0.50	X					0.	0.	0.	
(10) JOANNE DANTO DIRECTOR	0.50	X					0.	0.	0.	
(11) RICHARD A. BRODIE DIRECTOR	0.50	X					0.	0.	0.	
(12) BARBARA FRANKEL DIRECTOR	0.50	X					0.	0.	0.	
(13) HERMAN FRANKEL DIRECTOR	0.50	X					0.	0.	0.	
(14) BARBARA KRATCHMAN DIRECTOR	0.50	X					0.	0.	0.	
(15) PERNILLA AMMANN DIRECTOR	0.50	X					0.	0.	0.	
(16) JOHN P. HALE DIRECTOR	0.50	X					0.	0.	0.	
(17) JAMES CIROLI DIRECTOR	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEAN FRIEDMAN DIRECTOR	0.50	X					0.	0.	0.	
(19) RICHARD G. GOETZ DIRECTOR	0.50	X					0.	0.	0.	
(20) JULIA DONOVAN DARLOW DIRECTOR	0.50	X					0.	0.	0.	
(21) DANIALLE KARMANOS DIRECTOR	0.50	X					0.	0.	0.	
(22) SHAUNA RYDER DIGGS DIRECTOR	0.50	X					0.	0.	0.	
(23) DR. CHARLOTTE PODOWSKI DIRECTOR	0.50	X					0.	0.	0.	
(24) ENRICO DIGIROLAMO CHAIR, FINANCE COMMITTEE	0.50	X					0.	0.	0.	
(25) TERRY SHEA DIRECTOR	0.50	X					0.	0.	0.	
(26) SONAL DUBEY DIRECTOR	0.50	X					0.	0.	0.	
<b>1b Sub-total</b>							186,923.	0.	41,146.	
<b>c Total from continuation sheets to Part VII, Section A</b>							524,499.	0.	5,445.	
<b>d Total (add lines 1b and 1c)</b>							711,422.	0.	46,591.	

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 4

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ABM JANITORIAL SERVICES 75 REMITTANCE DR., CHICAGO, IL 60675	JANITORIAL	212,014.
ECLIP-COMET INTERACTIVE 20937 JOHN R., HAZEL PARK, MI 48030	MARKETING	164,038.
SD&A TELESERVICES, 5757 W. CENTURY, SUITE 300, LOS ANGELES, CA 90045	MARKETING/FUNDRAISING	151,637.
U.S. FOODSERVICE P.O. BOX 98612, CHICAGO, IL 60693	FOOD DELIVERY	150,853.
THE PARADE COMPANY, 950 MT. ELLIOT - STUDIO A, DETROIT, MI 48211	STORAGE	107,892.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS



<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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) NORA MOROUN DIRECTOR	0.50	X						0.	0.	0.	
(28) THOMAS M. KRIKORIAN DIRECTOR	0.50	X						0.	0.	0.	
(29) HARRY A. LOMASON, II (2-17-17) DIRECTOR	0.50	X						0.	0.	0.	
(30) ALPHONSE S. LUCARELLI DIRECTOR	0.50	X						0.	0.	0.	
(31) MICHAEL EINHEUSER DIRECTOR	0.50	X						0.	0.	0.	
(32) RUTH RATTNER DIRECTOR	0.50	X						0.	0.	0.	
(33) ROY S. ROBERTS DIRECTOR	0.50	X						0.	0.	0.	
(34) LEE BARTHEL DIRECTOR	0.50	X						0.	0.	0.	
(35) BETTY BROOKS DIRECTOR	0.50	X						0.	0.	0.	
(36) PAUL RAGHEB DIRECTOR	0.50	X						0.	0.	0.	
(37) JENNIFER FISCHER DIRECTOR	0.50	X						0.	0.	0.	
(38) DAVID HANDLEMAN (4-17-17) TRUSTEE	0.25	X						0.	0.	0.	
(39) ETHAN DAVIDSON DIRECTOR	0.50	X						0.	0.	0.	
(40) ANKUR RUNGTA DIRECTOR	0.50	X						0.	0.	0.	
(41) WAYNE S. BROWN PRESIDENT & CEO	40.00	X		X				271,635.	0.	5,445.	
(42) DONALD MANVEL DIRECTOR	0.50	X						0.	0.	0.	
(43) DR. ALI MOIIN DIRECTOR	0.50	X						0.	0.	0.	
(44) DR. BERNARD RUBIN DIRECTOR	0.50	X						0.	0.	0.	
(45) MATTHEW SIMONCINI DIRECTOR	0.50	X						0.	0.	0.	
(46) RICHARD SONENKLAR DIRECTOR	0.50	X						0.	0.	0.	
Total to Part VII, Section A, line 1c .....											

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JESSE VENEGAS DIRECTOR	0.50	X						0.	0.	0.
(48) KENN ALLEN TRUSTEE	0.25	X						0.	0.	0.
(49) LIZ ALLEN TRUSTEE	0.25	X						0.	0.	0.
(50) ROBERT ALLESEE TRUSTEE	0.25	X						0.	0.	0.
(51) SARAH ALLISON TRUSTEE	0.25	X						0.	0.	0.
(52) DANIEL AMMANN TRUSTEE	0.25	X						0.	0.	0.
(53) LOURDES V. ANDAYA TRUSTEE	0.25	X						0.	0.	0.
(54) HAROLD M. ARRINGTON TRUSTEE	0.25	X						0.	0.	0.
(55) JONATHAN AUTRY TRUSTEE	0.25	X						0.	0.	0.
(56) PAULA AUTRY TRUSTEE	0.25	X						0.	0.	0.
(57) BEVERLY AVADENKA TRUSTEE	0.25	X						0.	0.	0.
(58) FLOY BARTHEL TRUSTEE	0.25	X						0.	0.	0.
(59) CAPRICE BAUN TRUSTEE	0.25	X						0.	0.	0.
(60) MARK ALAN BAUN TRUSTEE	0.25	X						0.	0.	0.
(61) VIRGINIA BERBERIAN TRUSTEE	0.25	X						0.	0.	0.
(62) MADELEINE H. BERMAN TRUSTEE	0.25	X						0.	0.	0.
(63) MANDEL BERMAN TRUSTEE	0.25	X						0.	0.	0.
(64) DEBRA BERNSTEIN-SIEGEL TRUSTEE	0.25	X						0.	0.	0.
(65) BARBARA BLOCH TRUSTEE	0.25	X						0.	0.	0.
(66) JOSEPH BLOCH TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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			
(67) JOHN A. BOLL, SR. TRUSTEE	0.25	X						0.	0.	0.
(68) MARLENE BOLL TRUSTEE	0.25	X						0.	0.	0.
(69) GENE P. BOWEN TRUSTEE	0.25	X						0.	0.	0.
(70) GWEN BOWLBY TRUSTEE	0.25	X						0.	0.	0.
(71) RICHARD BOWLBY TRUSTEE	0.25	X						0.	0.	0.
(72) BETTY J. BRIGHT TRUSTEE	0.25	X						0.	0.	0.
(73) JOANNE BRODIE TRUSTEE	0.25	X						0.	0.	0.
(74) WILLIAM C. BROOKS TRUSTEE	0.25	X						0.	0.	0.
(75) GERALDINE FORD-BROWN TRUSTEE	0.25	X						0.	0.	0.
(76) MAYSSOUN BYDON TRUSTEE	0.25	X						0.	0.	0.
(77) THOMAS CELANI TRUSTEE	0.25	X						0.	0.	0.
(78) VICKI CELANI TRUSTEE	0.25	X						0.	0.	0.
(79) MARY CHIRCO TRUSTEE	0.25	X						0.	0.	0.
(80) MICHAEL CHIRCO TRUSTEE	0.25	X						0.	0.	0.
(81) AVERN COHN TRUSTEE	0.25	X						0.	0.	0.
(82) LOIS COHN TRUSTEE	0.25	X						0.	0.	0.
(83) THOMAS COHN TRUSTEE	0.25	X						0.	0.	0.
(84) KELLEY CONNELL TRUSTEE	0.25	X						0.	0.	0.
(85) WILLIAM CONNELL TRUSTEE	0.25	X						0.	0.	0.
(86) PETER COOPER TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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			
(87) ROCHELLE COOPER TRUSTEE	0.25	X					0.	0.	0.	
(88) HELEN DAOUD TRUSTEE	0.25	X					0.	0.	0.	
(89) JERRY P. D'AVANZO TRUSTEE	0.25	X					0.	0.	0.	
(90) MAUREEN D'AVANZO TRUSTEE	0.25	X					0.	0.	0.	
(91) DORIS DAVID TRUSTEE	0.25	X					0.	0.	0.	
(92) LAWRENCE N. DAVID TRUSTEE	0.25	X					0.	0.	0.	
(93) GRETCHEN DAVIDSON TRUSTEE	0.25	X					0.	0.	0.	
(94) KEVIN DENNIS TRUSTEE	0.25	X					0.	0.	0.	
(95) KAREN V. DICHIERA TRUSTEE	0.25	X					0.	0.	0.	
(96) KATHLEEN DIGIROLAMO TRUSTEE	0.25	X					0.	0.	0.	
(97) JOHN DINGELL TRUSTEE	0.25	X					0.	0.	0.	
(98) DEBBIE DINGELL TRUSTEE	0.25	X					0.	0.	0.	
(99) MARY JANE DOERR TRUSTEE	0.25	X					0.	0.	0.	
(100) LEO DOVELLE TRUSTEE	0.25	X					0.	0.	0.	
(101) DILIP DUBEY TRUSTEE	0.25	X					0.	0.	0.	
(102) FRANCES EISENBERG TRUSTEE	0.25	X					0.	0.	0.	
(103) KENNETH EISENBERG TRUSTEE	0.25	X					0.	0.	0.	
(104) ALEX ERDELJAN TRUSTEE	0.25	X					0.	0.	0.	
(105) FERN R. ESPINO TRUSTEE	0.25	X					0.	0.	0.	
(106) MARY SUE EWING TRUSTEE	0.25	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

(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			
(107) MARGO COHEN FEINBERG TRUSTEE	0.25	X						0.	0.	0.
(108) ROBERT FEINBERG TRUSTEE	0.25	X						0.	0.	0.
(109) DEDE FELDMAN TRUSTEE	0.25	X						0.	0.	0.
(110) OSCAR FELDMAN TRUSTEE	0.25	X						0.	0.	0.
(111) DAVID FISCHER TRUSTEE	0.25	X						0.	0.	0.
(112) MARJORIE M. FISHER TRUSTEE	0.25	X						0.	0.	0.
(113) CARL B. FONTANA TRUSTEE	0.25	X						0.	0.	0.
(114) MARY ANN FONTANA TRUSTEE	0.25	X						0.	0.	0.
(115) ELAINE FONTANA TRUSTEE	0.25	X						0.	0.	0.
(116) SHARON FRANKEL TRUSTEE	0.25	X						0.	0.	0.
(117) AVIVA FRIEDMAN TRUSTEE	0.25	X						0.	0.	0.
(118) BARBARA GARAVAGLIA TRUSTEE	0.25	X						0.	0.	0.
(119) MARA GHAFARI TRUSTEE	0.25	X						0.	0.	0.
(120) YOUSIF GHAFARI TRUSTEE	0.25	X						0.	0.	0.
(121) AURORA GOETZ TRUSTEE	0.25	X						0.	0.	0.
(122) ARNOLD GORDON TRUSTEE	0.25	X						0.	0.	0.
(123) CAROLYN GORDON TRUSTEE	0.25	X						0.	0.	0.
(124) REVA GRACE TRUSTEE	0.25	X						0.	0.	0.
(125) SAMUEL HABERMAN TRUSTEE	0.25	X						0.	0.	0.
(126) TOBY HABERMAN TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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			
(127) ALICE BERBERIAN HAIDOSTIAN TRUSTEE	0.25	X						0.	0.	0.
(128) KRISTAN HALE TRUSTEE	0.25	X						0.	0.	0.
(129) ROSE HANDLEMAN TRUSTEE	0.25	X						0.	0.	0.
(130) DONNA HARTWIG TRUSTEE	0.25	X						0.	0.	0.
(131) EUGENE HARTWIG TRUSTEE	0.25	X						0.	0.	0.
(132) GREGORY HAYNES TRUSTEE	0.25	X						0.	0.	0.
(133) DOREEN HERMELIN TRUSTEE	0.25	X						0.	0.	0.
(134) DEREK HODGSON TRUSTEE	0.25	X						0.	0.	0.
(135) KAREN HODGSON TRUSTEE	0.25	X						0.	0.	0.
(136) ELEANOR ISRAEL TRUSTEE	0.25	X						0.	0.	0.
(137) UNA JACKMAN TRUSTEE	0.25	X						0.	0.	0.
(138) DON JENSEN TRUSTEE	0.25	X						0.	0.	0.
(139) AMY JIDOV TRUSTEE	0.25	X						0.	0.	0.
(140) KENT JIDOV TRUSTEE	0.25	X						0.	0.	0.
(141) GARY E. JOHNSON TRUSTEE	0.25	X						0.	0.	0.
(142) GWENN JOHNSON TRUSTEE	0.25	X						0.	0.	0.
(143) MARY BARTON JOLLIFFE TRUSTEE	0.25	X						0.	0.	0.
(144) ELLEN KAHN TRUSTEE	0.25	X						0.	0.	0.
(145) PETER KARMANOS TRUSTEE	0.25	X						0.	0.	0.
(146) BRENDA E. KEE TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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			
(147) PATRICK KERZIC TRUSTEE	0.25	X					0.	0.	0.	
(148) STEPHANIE GERMACK KERZIC TRUSTEE	0.25	X					0.	0.	0.	
(149) MICHAEL KRATCHMAN TRUSTEE	0.25	X					0.	0.	0.	
(150) DEBORAH KRIKORIAN TRUSTEE	0.25	X					0.	0.	0.	
(151) WILLIAM KUPSKY TRUSTEE	0.25	X					0.	0.	0.	
(152) MELVIN LESTER TRUSTEE	0.25	X					0.	0.	0.	
(153) EDWARD LEVY TRUSTEE	0.25	X					0.	0.	0.	
(154) LINDA DRESNER LEVY TRUSTEE	0.25	X					0.	0.	0.	
(155) MADO O. LIE TRUSTEE	0.25	X					0.	0.	0.	
(156) ARTHUR C. LIEBLER TRUSTEE	0.25	X					0.	0.	0.	
(157) NANCY LIEBLER TRUSTEE	0.25	X					0.	0.	0.	
(158) MARY ALICE LOMASON TRUSTEE	0.25	X					0.	0.	0.	
(159) JAMES H. LOPRETE TRUSTEE	0.25	X					0.	0.	0.	
(160) MARION LOPRETE TRUSTEE	0.25	X					0.	0.	0.	
(161) DENISE LUTZ TRUSTEE	0.25	X					0.	0.	0.	
(162) FLORINE MARK TRUSTEE	0.25	X					0.	0.	0.	
(163) RONALD MARTELLA TRUSTEE	0.25	X					0.	0.	0.	
(164) ZVJEZDANA MARTELLA TRUSTEE	0.25	X					0.	0.	0.	
(165) BETTYE ARRINGTON-MARTIN TRUSTEE	0.25	X					0.	0.	0.	
(166) JACK MARTIN TRUSTEE	0.25	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**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			
(167) FLORENCE MCBRIEN TRUSTEE	0.25	X						0.	0.	0.
(168) JIM F. MCCLURE TRUSTEE	0.25	X						0.	0.	0.
(169) RONALD MICHALAK TRUSTEE	0.25	X						0.	0.	0.
(170) EUGENE MILLER TRUSTEE	0.25	X						0.	0.	0.
(171) LOIS MILLER TRUSTEE	0.25	X						0.	0.	0.
(172) DAWN MINCH TRUSTEE	0.25	X						0.	0.	0.
(173) PHILLIP D. MINCH TRUSTEE	0.25	X						0.	0.	0.
(174) MONICA MOFFAT TRUSTEE	0.25	X						0.	0.	0.
(175) MANUEL MOROUN TRUSTEE	0.25	X						0.	0.	0.
(176) BARBARA MUNK TRUSTEE	0.25	X						0.	0.	0.
(177) DOLORES MUTCHLER TRUSTEE	0.25	X						0.	0.	0.
(178) MICHAEL MUTCHLER TRUSTEE	0.25	X						0.	0.	0.
(179) ALLAN NACHMAN TRUSTEE	0.25	X						0.	0.	0.
(180) JOY NACHMAN TRUSTEE	0.25	X						0.	0.	0.
(181) BARBARA NUSBAUM TRUSTEE	0.25	X						0.	0.	0.
(182) IRVING NUSBAUM TRUSTEE	0.25	X						0.	0.	0.
(183) JOHN C. O'MEARA TRUSTEE	0.25	X						0.	0.	0.
(184) JULIETTE OKOTIE-EBOH TRUSTEE	0.25	X						0.	0.	0.
(185) LINDA ORLANS TRUSTEE	0.25	X						0.	0.	0.
(186) GRAHAM ORLEY TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**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			
(187) SALLY ORLEY TRUSTEE	0.25	X						0.	0.	0.
(188) DEBRA PARTRICH TRUSTEE	0.25	X						0.	0.	0.
(189) RICHARD PARTRICH TRUSTEE	0.25	X						0.	0.	0.
(190) MYRNA PARTRICH TRUSTEE	0.25	X						0.	0.	0.
(191) SPENCER PARTRICH TRUSTEE	0.25	X						0.	0.	0.
(192) DANIEL PEHRSON TRUSTEE	0.25	X						0.	0.	0.
(193) MARGARET PEHRSON TRUSTEE	0.25	X						0.	0.	0.
(194) ROBERT E. L. PERKINS TRUSTEE	0.25	X						0.	0.	0.
(195) BROCK E. PLUMB TRUSTEE	0.25	X						0.	0.	0.
(196) KATHERINE PLUMB TRUSTEE	0.25	X						0.	0.	0.
(197) CHARLES PODOWSKI TRUSTEE	0.25	X						0.	0.	0.
(198) WALTRAUD PRECHTER TRUSTEE	0.25	X						0.	0.	0.
(199) AMY RAGHEB TRUSTEE	0.25	X						0.	0.	0.
(200) JOHN RAKOLTA, JR. TRUSTEE	0.25	X						0.	0.	0.
(201) TERRY RAKOLTA TRUSTEE	0.25	X						0.	0.	0.
(202) MAUREEN ROBERTS TRUSTEE	0.25	X						0.	0.	0.
(203) PATRICIA H. RODZIK TRUSTEE	0.25	X						0.	0.	0.
(204) DAVID ROESSLER, IV TRUSTEE	0.25	X						0.	0.	0.
(205) JACQUELINE ROESSLER TRUSTEE	0.25	X						0.	0.	0.
(206) AUDREY ROSE TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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			
(207) DULCIE ROSENFELD TRUSTEE	0.25	X						0.	0.	0.
(208) CAROLYN L. ROSS TRUSTEE	0.25	X						0.	0.	0.
(209) DONNA RUBEN TRUSTEE	0.25	X						0.	0.	0.
(210) ANTHONY RUGIERO TRUSTEE	0.25	X						0.	0.	0.
(211) SABRINA RUGIERO TRUSTEE	0.25	X						0.	0.	0.
(212) DOROTHY SANDBERG TRUSTEE	0.25	X						0.	0.	0.
(213) HERSHEL SANDBERG TRUSTEE	0.25	X						0.	0.	0.
(214) THOMAS L. SCHELLENBERG TRUSTEE	0.25	X						0.	0.	0.
(215) DONALD SCHMIDT TRUSTEE	0.25	X						0.	0.	0.
(216) KIM SCHMIDT TRUSTEE	0.25	X						0.	0.	0.
(217) ALAN E. SCHWARTZ TRUSTEE	0.25	X						0.	0.	0.
(218) MARIANNE SCHWARTZ TRUSTEE	0.25	X						0.	0.	0.
(219) LOIS SHAEVSKY TRUSTEE	0.25	X						0.	0.	0.
(220) MARK SHAEVSKY TRUSTEE	0.25	X						0.	0.	0.
(221) ARLENE SHALER TRUSTEE	0.25	X						0.	0.	0.
(222) TOM SHORT TRUSTEE	0.25	X						0.	0.	0.
(223) MONA SIMONCINI TRUSTEE	0.25	X						0.	0.	0.
(224) SHEILA SLOAN TRUSTEE	0.25	X						0.	0.	0.
(225) RICHARD SLOAN TRUSTEE	0.25	X						0.	0.	0.
(226) WILLIAM H. SMITH TRUSTEE	0.25	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (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			
(227) PHYLLIS FUNK SNOW TRUSTEE	0.25	X					0.	0.	0.	
(228) ANTHONY L. SOAVE TRUSTEE	0.25	X					0.	0.	0.	
(229) MARY ANNE STELLA TRUSTEE	0.25	X					0.	0.	0.	
(230) CHRISTINE STRUMBOS TRUSTEE	0.25	X					0.	0.	0.	
(231) JONATHAN SWIFT TRUSTEE	0.25	X					0.	0.	0.	
(232) RONALD F. SWITZER TRUSTEE	0.25	X					0.	0.	0.	
(233) BERNIE TOPPIN TRUSTEE	0.25	X					0.	0.	0.	
(234) JAMES VELLA TRUSTEE	0.25	X					0.	0.	0.	
(235) MARILYN VICTOR TRUSTEE	0.25	X					0.	0.	0.	
(236) INGE VINCENT TRUSTEE	0.25	X					0.	0.	0.	
(237) ARNOLD WEINGARDEN TRUSTEE	0.25	X					0.	0.	0.	
(238) CHRISTOPHER WILHELM TRUSTEE	0.25	X					0.	0.	0.	
(239) SUSAN WILHELM TRUSTEE	0.25	X					0.	0.	0.	
(240) KAREN WILLIAMS TRUSTEE	0.25	X					0.	0.	0.	
(241) JOAN E. YOUNG TRUSTEE	0.25	X					0.	0.	0.	
(242) JEREMY ZELTZER TRUSTEE	0.25	X					0.	0.	0.	
(243) MARY LOU ZIEVE TRUSTEE	0.25	X					0.	0.	0.	
(244) DR. DEVON HOOVER DIRECTOR	0.50	X					0.	0.	0.	
(245) PETER OLEKSIK DIRECTOR	0.50	X					0.	0.	0.	
(246) PROF. SARA POZZI DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

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

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include trustees like Elizabeth Cioli, Gloria Clark, and key employees like David Osborne and Margarite Fourcroy.

Total to Part VII, Section A, line 1c ..... 524,499. 5,445.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	2,156,742.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,487,250.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		9,643,992.				
<b>Program Service Revenue</b>	<b>2 a</b> PERFORMANCE FEES	<b>Business Code</b> 711110	3,870,127.	3,870,127.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		3,870,127.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		87,818.			87,818.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	361,124.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	133,440.				
		<b>c</b> Rental income or (loss) .....	227,684.				
	<b>d</b> Net rental income or (loss) .....		227,684.			227,684.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	1,348,367.				
		(ii) Other	1,900.				
		<b>b</b> Less: cost or other basis and sales expenses .....	1,282,377.	36,638.			
		<b>c</b> Gain or (loss) .....	65,990.	-34,738.			
	<b>d</b> Net gain or (loss) .....		31,252.			31,252.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,156,742. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	641,585.				
		<b>b</b> Less: direct expenses .....	857,162.				
<b>c</b> Net income or (loss) from fundraising events .....			-215,577.			-215,577.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	1,094,487.					
	<b>b</b> Less: cost of goods sold .....	399,588.					
	<b>c</b> Net income or (loss) from sales of inventory .....		694,899.			694,899.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> PARKING INCOME		812930	1,467,025.	664,562.	802,463.		
	<b>b</b> MISCELLANEOUS	711110	325,956.	325,956.			
	<b>c</b> BUILDING LEASE INCOME	531120	278,509.		278,509.		
	<b>d</b> All other revenue .....	722210	103,797.		103,797.		
<b>e Total.</b> Add lines 11a-11d .....			2,175,287.				
<b>12 Total revenue.</b> See instructions. ....			16,515,482.	4,860,645.	1,184,769.	826,076.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<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 .....				
<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) .....	511,621.	179,067.	240,462.	92,092.
<b>7</b> Other salaries and wages .....	4,787,643.	2,182,550.	2,197,363.	407,730.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	45,585.	15,955.	21,425.	8,205.
<b>9</b> Other employee benefits .....	220,048.	28,799.	144,362.	46,887.
<b>10</b> Payroll taxes .....	455,864.	194,185.	221,018.	40,661.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	54,269.	27,134.	27,135.	
<b>c</b> Accounting .....	47,606.	41,418.	3,094.	3,094.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	485,705.			485,705.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	284,577.	9,783.	258,853.	15,941.
<b>12</b> Advertising and promotion .....	735,304.	694,337.	40,967.	
<b>13</b> Office expenses .....	259,227.	75,214.	109,444.	74,569.
<b>14</b> Information technology .....	156,994.	114,223.	42,771.	
<b>15</b> Royalties .....	43,023.	43,023.		
<b>16</b> Occupancy .....	809,342.	622,287.	136,506.	50,549.
<b>17</b> Travel .....	81,045.	24,573.	56,472.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	18,288.		3,075.	15,213.
<b>20</b> Interest .....	211,326.	126,796.	84,530.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,702,258.	1,661,159.	41,099.	
<b>23</b> Insurance .....	130,405.	97,804.	32,601.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ORCHESTRA AND MUSIC .....	1,053,288.	1,053,288.		
<b>b</b> WARDROBE AND STAGEHANDS .....	1,045,580.	1,045,580.		
<b>c</b> OTHER PRODUCTION - COMM .....	577,276.	577,276.		
<b>d</b> MISCELLANEOUS .....	406,019.	125,747.	274,396.	5,876.
<b>e</b> All other expenses .....	1,415,902.	1,186,993.	187,352.	41,557.
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,538,195.	10,127,191.	4,122,925.	1,288,079.
<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  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 .....	1,414,204.	<b>1</b>	1,136,954.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,063,622.	<b>3</b>	5,767,864.
	<b>4</b> Accounts receivable, net .....	389,388.	<b>4</b>	425,034.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	307,427.	<b>9</b>	345,982.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 72,299,330.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 29,680,721.	43,996,192.	<b>10c</b> 42,618,609.
	<b>11</b> Investments - publicly traded securities .....	3,083,728.	<b>11</b>	2,894,561.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	18,059.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	52,272,620.	<b>16</b>	53,189,004.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,544,305.	<b>17</b>	2,444,924.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,138,998.	<b>19</b>	1,305,949.
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....	485,536.	<b>22</b>	424,500.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	4,801,466.	<b>23</b>	4,650,358.
	<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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,970,305.	<b>26</b>	8,825,731.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	36,513,836.	<b>27</b>	34,817,592.
	<b>28</b> Temporarily restricted net assets .....	3,317,979.	<b>28</b>	6,025,181.
	<b>29</b> Permanently restricted net assets .....	3,470,500.	<b>29</b>	3,520,500.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	43,302,315.	<b>33</b>	44,363,273.	
<b>34</b> Total liabilities and net assets/fund balances .....	52,272,620.	<b>34</b>	53,189,004.	

**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>	16,515,482.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,538,195.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	977,287.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	43,302,315.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	83,671.
<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 in 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 33, column (B))	<b>10</b>	44,363,273.

**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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 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 in 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 Single Audit Act and OMB Circular A-133? .....
- 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 in 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>		



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MICHIGAN OPERA THEATRE

Employer identification number

38-2052726

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).
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).
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).
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 [ ] An organization organized and operated exclusively to test for public safety.
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).
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,103,424.	3,946,698.	6,542,770.	8,237,923.	9,643,992.	32,474,807.
<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 .....	4,103,424.	3,946,698.	6,542,770.	8,237,923.	9,643,992.	32,474,807.
<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) .....						2,321,863.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,152,944.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	4,103,424.	3,946,698.	6,542,770.	8,237,923.	9,643,992.	32,474,807.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	468,796.	472,992.	503,473.	403,503.	448,942.	2,297,706.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	269,534.	372,142.	374,730.	213,603.	300,919.	1,530,928.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	196,749.	208,623.	191,492.	141,506.	325,246.	1,063,616.
<b>11 Total support.</b> Add lines 7 through 10						37,367,057.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	30,573,379.
<b>13 First five 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 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	80.69 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	82.26 %
<b>16a 33 1/3% support test - 2016.</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 - 2015.</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 - 2016.</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 - 2015.</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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		

**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>		

**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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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>		

**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 (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

**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 REVENUE

2012 AMOUNT: \$ 196,749.

2013 AMOUNT: \$ 208,623.

2014 AMOUNT: \$ 191,492.

2015 AMOUNT: \$ 141,506.

2016 AMOUNT: \$ 325,246.



# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2016

Name of the organization

MICHIGAN OPERA THEATRE

Employer identification number

38-2052726

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b> MICHIGAN OPERA THEATRE	<b>Employer identification number</b> 38-2052726
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**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		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> MICHIGAN OPERA THEATRE	<b>Employer identification number</b> 38-2052726
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**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
7	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  MICHIGAN OPERA THEATRE	Employer identification number  38-2052726
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  MICHIGAN OPERA THEATRE	Employer identification number  38-2052726
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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 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.

OMB No. 1545-0047

2016 Open to Public Inspection

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

Name of the organization MICHIGAN OPERA THEATRE Employer identification number 38-2052726

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 about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8. Section 170(h)(4)(B) requirements. 9. 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.

Form with 2 main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Reporting amounts for items in 1a. 2. Reporting amounts for items received or held for financial gain.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 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	6,788,479.	4,068,638.	4,476,228.	4,173,628.	3,570,500.
b Contributions	4,729,126.	3,517,979.	1,595,000.	427,600.	653,128.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	1,971,924.	798,138.	2,002,590.	125,000.	50,000.
f Administrative expenses					
g End of year balance	9,545,681.	6,788,479.	4,068,638.	4,476,228.	4,173,628.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  63.12 %
- c Temporarily restricted endowment  36.88 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		7,096,773.		7,096,773.
b Buildings		60,271,644.	25,016,188.	35,255,456.
c Leasehold improvements				
d Equipment		4,743,665.	4,563,075.	180,590.
e Other		187,248.	101,458.	85,790.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				42,618,609.

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



**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>
<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>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<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>

**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>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<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>

**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:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO SUPPORT AND

SPONSOR SCHOOL PROGRAMS FOR OPERA, SUPPORT YOUNG ARTISTS FUTURE

PERFORMANCES AND DEVELOPMENT, TO SUPPORT SIGNIFICANT PRINCIPAL ARTISTS IN

FUTURE OPERA PERFORMANCES, AND TO SUPPORT THE OPERATIONS OF THE OPERA

HOUSE.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

MICHIGAN OPERA THEATRE

Employer identification number

38-2052726

**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			
SD&A TELESERVICES - 5757 W. CENTURY BLVD, LOS ANGELES, CA	TELEMARKETING & TELEFUNDING		X	358,183.	217,141.	141,042.
<b>Total</b> ▶				358,183.	217,141.	141,042.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GRANDE SALUTE (event type)	OPERA BALL (event type)	2 (total number)	
Revenue	<b>1</b> Gross receipts .....	1,908,192.	732,110.	158,025.	2,798,327.
	<b>2</b> Less: Contributions .....	1,820,044.	292,844.	43,854.	2,156,742.
	<b>3</b> Gross income (line 1 minus line 2) .....	88,148.	439,266.	114,171.	641,585.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	571,683.	237,097.	48,382.	857,162.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				857,162.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-215,577.	

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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: SD&A TELESERVICES

(I) ADDRESS OF FUNDRAISER: 5757 W. CENTURY BLVD, LOS ANGELES, CA 90045



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

MICHIGAN OPERA THEATRE

Employer identification number

38-2052726

**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 checked="" 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input 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>	X	
<b>2</b>	X	
<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) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. DAVID DICHIERA FOUNDER & ARTISTIC DIRECTOR EMERITUS	(i)	186,923.	0.	0.	35,914.	5,232.	228,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WAYNE S. BROWN PRESIDENT & CEO	(i)	271,635.	0.	0.	0.	5,445.	277,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization: **MICHIGAN OPERA THEATRE**  
Employer identification number: **38-2052726**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
LEE BARTHEL-DIR		TO PURCH	X		645,351.	424,500.		X	X		X	
<b>Total</b> .....						▶ \$ 424,500.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LEE BARTHEL-DIRECTOR

(C) PURPOSE OF LOAN: TO PURCHASE EQUIPMENT.

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 645,351. (F) BALANCE DUE \$ 424,500.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

MICHIGAN OPERA THEATRE

Employer identification number

38-2052726

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING DIRECTORS AND TRUSTEES ARE MARRIED.

KENN ALLEN, LIZ ALLEN

ROBERT A. ALLESEE, MAGGIE ALLESEE

DANIEL AMMANN, PERNILLA AMMANN

JONATHAN AUTRY, PAULA AUTRY

LEE BARTHEL, FLOY BARTHEL

MARK ALAN BAUN, CAPRICE BAUN

JOSEPH BLOCH, BARBRA BLOCH

JOHN A. BOLL, SR., MARLENE BOLL

RICHARD BOWLBY, GWEN BOWLBY

RICHARD A. BRODIE, JOANNE BRODIE

WILLIAM C. BROOKS, BETTY BROOKS

ROBERT BROWN, GERALDINE BROWN

WAYNE S. BROWN, BRENDA KEE

THOMAS CELANI, VICKI CELANI

MICHAEL CHIRCO, MARY CHIRCO

JAMES CIROLI, ELIZABETH CIROLI

AVERN COHN, LOIS COHN

WILLIAM CONNELL, KELLY CONNELL

PETER COOPER, SHELLY COOPER

ARNOLD WEINGARDEN, JOANNE DANTO

JOHN C. O'MEARA, JULIA DONOVAN DARLOW

JERRY P. D'AVANZO, MAUREEN D'AVANZO

LAWRENCE N. DAVID, DODIE DAVID

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

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

Name of the organization MICHIGAN OPERA THEATRE	Employer identification number 38-2052726
--	--

ETHAN DAVIDSON, GRETCHEN DAVIDSON

KEVIN DENNIS, JEREMY ZELTZER

DOUGLASS DIGGS, SHAUNA RYDER DIGGS

ENRICO DIGIROLAMO, KATHLEEN DIGIROLAMO

JOHN DINGELL, DEBBIE DINGELL

DILIP DUBEY, SONAL DUBEY

KENNETH EISENBERG, FRANCES EISENBERG

TOM SHORT, FERN R. ESPINO

PAUL E. EWING, MARY SUE EWING

ROBERT FEINBERG, MARGO COHEN FEINBERG

OSCAR FELDMAN, DEDE FELDMAN

DAVID T. FISCHER, JENNIFER FISCHER

CARL B. FONTANA, MARY ANN FONTANA

RONALD MICHALAK, BARBARA FRANKEL

HERMAN FRANKEL, SHARON FRANKEL

DEAN FRIEDMAN, AVIVA FRIEDMAN

YOUSIF GHAFARI, MARA GHAFARI

RICHARD G. GOETZ, AURORA GOETZ

ARNOLD GORDON, CAROLYN GORDON

SAMUEL HABERMAN, TOBY HABERMAN

JOHN P. HALE, KRISTAN HALE

DAVID HANDLEMAN, ROSE HANDLEMAN

EUGENE HARTWIG, DONNA HARTWIG

DEREK HODGSON, KAREN HODGSON

ALAN ISRAEL, ELENOR ISRAEL

DON JENSEN, LEO DOVELLE

KENT JIDOV, AMY JIDOV

GARY E. JOHNSON, GWENN JOHNSON

Name of the organization MICHIGAN OPERA THEATRE	Employer identification number 38-2052726
--	--

PETER KARMANOS, DANIALLE KARMANOS

PATRICK KERZIC, STEPHANIE GERMAC KERZIC

MICHAEL KRATCHMAN, BARBARA KRATCHMAN

THOMAS KRIKORIAN, DEBBIE KRIKORIAN

EDWARD LEVY, LINDA DRESNER LEVY

AUTHUR C. LIEBLER (BUD), NANCY LIEBLER

HARRY LOMASON II, MARY ALICE LOMASON

JAMES H. LOPRETE, MARION LOPRETE

RONALD MARTELLA, ZVJEZDANA MARTELLA

JACK MARTIN, BETTYE ARRINGTON-MARTIN

BENJAMIN MEEKER, MEREDITH KORNEFFEL

EUGENE MILLER, LOIS MILLER

PHILLIP D. MINCH, DAWN MINCH

ALI MOIIN, WILLIAM KUPSKY

MANUEL MOROUN, NORA MOROUN

STEPHEN MUNK, BARBARA MUNK

E. MICHAEL MUTCHLER, DOLORES MUTCHLER

ALLAN NACHMAN, JOY NACHMAN

IRVING NUSBAUM, BARBARA NUSBAUM

PETER OLEKSIK, MARY OLEKSIK

GRAHAM ORLEY, SALLY ORLEY

RICHARD PARTRICH, DEBRA PARTRICH

SPENCER PARTRICH, MYRNA PARTRICH

DANIEL PEHRSON, MARGARET PEHRSON

BROCK E. PLUMB, KATIE PLUMB

CHARLES PODOWSKI, CHARLOTTE PODOWSKI

PAUL RAGHEB, AMY RAGHEB

JOHN RAKOLTA, JR., TERRY RAKOLTA

Name of the organization MICHIGAN OPERA THEATRE	Employer identification number 38-2052726
--	--

ROY S. ROBERTS, MAUREEN ROBERTS

DAVID ROESSLER, JACQUELINE ROESSLER

BERNARD RUBIN, DONNA RUBIN

ANTHONY RUGIERO, SABRINA RUGIERO

ANKUR RUNGTA, MAYSSOUN BYDON

HERSHEL SANDBERG, DOROTHY SANDBERG

DONALD SCHMIDT, KIM SCHMIDT

ALAN E. SCHWARTZ, MARIANNE SCHWARTZ

MARK SHAEVSKY, LOIS SHAEVSKY

MATTHEW SIMONCINI, MONA SIMONCINI

RICHARD A. SONENKLAR, GREGORY HAYNES

RONALD F. SWITZER, JIM F. MCCLURE

C. THOMAS TOPPIN, BERNIE TOPPIN

JESSE VENEGAS, YESENIA VENEGAS

CHRISTOPHER WILHELM, SUSAN WILHELM

R. JAMISON WILLIAMS, KAREN WILLIAMS

JOAN E. YOUNG, THOMAS L. SCHELLENBERG

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

THIS FORM 990 WILL BE REVIEWED BEFORE IT IS SUBMITTED TO THE IRS.

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

THE BOARD SECRETARY MONITORS AND UPDATES CONFLICT OF INTEREST DOCUMENTS  
WITH BOARD MEMBERS.

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

COMPENSATION PACKAGES OF OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY THE  
PRESIDENT AND THE FINANCE COMMITTEE (WHEN REQUIRED, APPROVAL BY THE BOARD).

Name of the organization MICHIGAN OPERA THEATRE	Employer identification number 38-2052726
--	--

FORM 990, PART VI, SECTION C, LINE 18:

THESE ARE MADE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AND UPON REQUEST.

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

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. GENERALLY, ANY REQUEST FOR THE FINANCIAL STATEMENTS WILL BE REFERRED TO, AND APPROVED, BY THE PRESIDENT.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED THE OVERSIGHT PROCESS FOR THE AUDIT OF ITS FINANCIAL STATEMENTS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **MICHIGAN OPERA THEATRE** Employer identification number **38-2052726**

**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
MOT, LLC - 20-1852818 1526 BROADWAY DETROIT, MI 48226	RENTAL OF PARKING GARAGE	MICHIGAN	1,184,768.	11,119,434.	MICHIGAN OPERA THEATRE

**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

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

Schedule R (Form 990) 2016



**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

**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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**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	

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing additional information for responses to questions on Schedule R.

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

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury Internal Revenue Service

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

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

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of; Name of organization; Number, street, and room or suite no.; City or town, state or province, country, and ZIP or foreign postal code.

Form header section containing: C Book value of all assets at end of year; F Group exemption number; G Check organization type; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of; Telephone number.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 1c Balance; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 4c Capital loss deduction for trusts; 5 Income (loss) from partnerships and S corporations; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from controlled organizations; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule); 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____		
(2) Additional 3% tax (not more than \$100,000)	\$ _____		
<b>c</b> Income tax on the amount on line 34		<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:			
Tax rate schedule or	Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions		<b>37</b>	
<b>38 Alternative minimum tax</b>		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>		
<b>b</b> Other credits (see instructions)	<b>41b</b>		
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>		
<b>e Total credits.</b> Add lines 41a through 41d		<b>41e</b>	
<b>42</b> Subtract line 41e from line 40		<b>42</b>	0.
<b>43</b> Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43		<b>44</b>	0.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	<b>45a</b>		
<b>b</b> 2016 estimated tax payments	<b>45b</b>		
<b>c</b> Tax deposited with Form 8868	<b>45c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>		
<b>e</b> Backup withholding (see instructions)	<b>45e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>		
<b>g</b> Other credits and payments: Form 2439 _____			
Form 4136 _____ Other _____ Total	<b>45g</b>		
<b>46 Total payments.</b> Add lines 45a through 45g		<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached		<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed		<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: Credited to 2017 estimated tax			
Refunded		<b>50</b>	

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

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year		

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

**Sign Here** **\*\* PUBLIC DISCLOSURE COPY \*\*** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **PRESIDENT & CEO** \_\_\_\_\_ Title \_\_\_\_\_

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

**Paid Preparer Use Only** Print/Type preparer's name: PATRICK D. FUELLING, CPA Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: P00530005  
Firm's name: DOEREN MAYHEW Firm's EIN: 38-2492570  
Firm's address: 305 WEST BIG BEAVER ROAD TROY, MI 48084 Phone no.: 248-244-3000

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

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

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

(see instructions)

1. Description of property

- (1)
- (2)
- (3)
- (4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
	0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) 0.

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule) STATEMENT 2	(b) Other deductions (attach schedule) STATEMENT 3
(1) PARKING GARAGE	1,184,768.	243,411.	527,723.
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 5	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1) 4,483,125.	6,162,632.	72.75 %	861,919.
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
		861,919.	561,000.
Total dividends-received deductions included in column 8			0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

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

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				0.

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

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

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



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

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

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

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

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/04	47,009.	47,009.	0.	0.
06/30/05	82,426.	82,426.	0.	0.
06/30/06	218,718.	218,718.	0.	0.
06/30/07	248,783.	248,783.	0.	0.
06/30/08	601,185.	570,244.	30,941.	30,941.
06/30/09	554,419.	0.	554,419.	554,419.
06/30/10	284,977.	0.	284,977.	284,977.
06/30/11	203,667.	0.	203,667.	203,667.
06/30/12	5,523.	0.	5,523.	5,523.
NOL CARRYOVER AVAILABLE THIS YEAR			1,079,527.	1,079,527.

FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		243,411.	
- SUBTOTAL -	1		243,411.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			243,411.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER DEDUCTIONS		527,723.	
- SUBTOTAL -	1		527,723.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			527,723.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 4

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ACQUISITION DEBT ALLOCABLE TO DEBT-FINANCED PROPERTY		4,483,125.	
- SUBTOTAL -	1		4,483,125.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			4,483,125.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE ADJUSTED BASIS ALLOCABLE TO DEBT-FINANCED PROPERTY		6,162,632.	
- SUBTOTAL -	1		6,162,632.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			6,162,632.