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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Internal Revi	nue Service The organization may have to use a copy of this return to satisfy st	ate reporting requirement	sinspection
A For th	e 2011 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ 2011 $$ $$ and ending	MAR 31, 2012	2
B Check if	C Name of organization	D Employer identif	Scation number
Addr	.		
Name		84-0	0943035
Indited	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
Terror	P.O. BOX 6060		-532-2852
Armer	City or town, state or country, and ZIP + 4	G Gross receipts \$	9,181,513.
C Scott		H(a) Is this a group	
pend	F Name and address of principal officer: JOHN SCHWARTZ	for affiliates?	Yes X No
	SAME AS C ABOVE	H(b) Are all affiliates in	nctuded? Yes No
	sempt status: 501(c)(3)X 501(c) (4) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach	a list. (see instructions)
	te: ▶ WWW.ITFITV.ORG	H(c) Group exemption	
		Year of formation: 1983	M State of legal domicile: CC
[Part.]			
x 1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DOLE O	
3			
J7 MB II	Check this box if the organization discontinued its operations or disposed of i		1
	Number of voting members of the governing body (Part VI, line 1a)		
4	Number of independent voting members of the governing body (Part VI, line 1b)		
6 7a	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		· · · · · · · · · · · · · · · · · · ·
9 6 7 7 8	Total number of volunteers (estimate if necessary)	<u>6</u>	
	Total unrelated business revenue from Part VIII, column (C), line 12		
	Net unrelated business taxable income from Form 990-T, line 34		
8 9 10	Contributions and grants (Part VIII, line 1h)	Prior Year 0.	Current Year
a 9	—	62,853.	· B · · · · · · · · · · · · · · · ·
9 1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	585,334	
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,391,037.	2,709,923.
	Total revenue - edd lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,039,224.	
	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,296,050.	1,593,010.
	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
В	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	372,234.	434,348.
16e	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
B b	Total fundralsing expenses (Part IX, column (D), line 25)		
17_	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	970,773.	962,835.
₀ 18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,639,057.	
99	Revenue less experises. Subtract line 18 from line 12	1,400,167.	910,119.
20 21 21		Beginning of Current Year	
麗 20	Total labilities (Part X, line 15)	24,204,007.	
		314,544.	
조기 22 16~ - 311:	Net assets or fund belances. Subtract line 21 from line 20	23,889,463.	22,237,980.
	· A · T · · · · · · · · · · · · · · · ·	Associate and As Market and at	
	ulties of perjury, I decigre that I have examined this return, including accompanying schedules and sta it, and complete. Decigration of preparer (other than officer) is based on all information of which prep		ly knownedge and belief, it is
u de, comec	Land complete applython of preparer (other dian onicer) is based on an information of which prep		27/2
Sign	Signature of officer	Date T/d.	3/1d
Here	ADAM MILLER, SECRETARY		
	Type or print name and title		
	Print/Type preparer's name Preparer's skignature	Date Check	PTIN
Pald	RICHARD SCORESBY, CPA Motor Screen	7/18/12 Self-emptor	
Preparer	Firm's name CBIZ MHM, LLC	Firm's EIN	34-1854260
Use Caly	Firm's address 8181 R TUFTS AVENUE SUITE 600		
-	DENVER, CO 80237	Phone no. 7	20.200.7000
May the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No
132001 01-2		The state of the s	Form 990 (2011)
	BE SCHEDULE O FOR ORGANIZATION MISSION STATE	MBNT CONTINUA	

	990 (2011) INSTRUCTIONAL TELECOMM. FOUNDATION, INC. 84-0943035 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$440,999 • including grants of \$) (Revenue \$)
	THE ORGANIZATION DELIVERED INSTRUCTIONAL TELEVISION PROGRAMS TO
	ELEMENTARY AND SECONDARY SCHOOLS.
	(Code) (Expenses \$1,695,365. including grants of \$1,593,010.) (Revenue \$)
4b	(Code) (Expenses \$1,695,365. including grants of \$1,593,U1U.) (Revenue \$) GRANTS IN SUPPORT OF THE ORGANIZATION'S PHILANTHROPIC VALUES.
	Old 11 DOLLOW OF THE ONOR PROPERTY OF THE PROP
	·
4c	
	THE ORGANIZATION PROVIDED DATA SERVICES TO EDUCATIONAL AND
	NON-PROFIT ENTITIES.
	·
	Other program services (Describe in Schedule O.)
-70	(Expenses \$ including grants of \$) (Revenue \$ <233, 448.)
4e	Total program service expenses ► 2,354,721.
	Form 990 (2011)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1,5
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
9	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,	,		
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		٠,	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	145		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990 (20111

	990 (2011) INSTRUCTIONAL TELECOMM. FOUNDATION, INC. 84-0943	<u> 1035</u>	Р	age 4
Pa	T IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ļ
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	· · · · ·	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		_	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ì	Х
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b		550	<u></u> -	
~	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		 -
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	-
		1 '	1	i .

Form **990** (2011)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

	Check if Schedule O contains a response to any question in this Part V			
		1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			į
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		:	ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u>X</u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	_X_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	.		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country:			ĺ
	See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
O.	any contributions that were not tax deductible?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	i		
	to file Form 8282?	7с		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	ŧ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	•	Ī
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		:	
а	Initiation fees and capital contributions included on Part VIII, line 12			Į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		-	ĺ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	
			990 ((2011)

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 to any question in this Part VI					X				
Sec	tion A. Governing Body and Management									
			•		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	· -	4						
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			.,				
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?		e	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form S		is filed?	4	 	X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5 6	-	X				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	7.	x					
_	more members of the governing body? As any governess designess of the organization recorded to (or subject to conveyed by) members.	tookh	aldoro or	7a		_				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, spersons other than the governing body?	SIOCKII	olders, or	7b	-	х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv th	e following	/5		<u> </u>				
	The governing body?	וו שיים	o ronowing	8a	X	Ī				
	Each committee with authority to act on behalf of the governing body?			8b	† 	х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the		†					
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)	1 -						
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ci	hapter	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	esc <i>n</i> be							
	ın Schedule O how this was done			12c	X	<u> </u>				
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14	ļ	Х				
15	Did the process for determining compensation of the following persons include a review and approve	-	idependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	J v	Ī				
a	The organization's CEO, Executive Director, or top management official			15a	X	├				
Đ	Other officers or key employees of the organization			15b	1	 				
16~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange.	ment :	with a			I				
·va	taxable entity during the year?	ment /	viui a	16a	X	†				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	ite its i	participation	100	† · · · · ·	 				
Ū	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati		-			•				
	exempt status with respect to such arrangements?			16b		X				
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	Γ (Sec	ion 501(c)(3)s onl	y) avaılal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy,	and fina	ncıal					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organ	zation.	-					
	HAZEL J. BOLSOVER - 303-532-2852	· - ^ 1		•						
13200		501			000	/2011)				
11 22	10			F∧rn	1 44(1.	720111				

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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.

Name and Title	(B) Average hours per week	r box,		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099·MISC)	compensation from the organization and related organizations
1) FRANCES VALDEZ		,,		, ,					•	
IRECTOR & TREASURER	2.00	X		Х	_			0.	0.	0
2) JAMES TRAYNOR	2 00	Ţ		Ţ				065	0	_
IRECTOR & VICE PRESIDENT 3) JOHN SCHWARTZ	2.00	Х		Х	\vdash	-	<u> </u>	865.	0.	0
IRECTOR & PRESIDENT	25.50	y		X				64,873.	0.	18,501
4) GARLIN GILCHRIST II	23.30			<u> </u>	 			04,073.		10,501
IRECTOR	2.00	Х						0.	0.	0
5) ADAM MILLER										-
ECRETARY	9.20			Х				19,948.	0.	3,522
6) PATRICIA DWYER									-	•
FO	14.50			Х				19,730.	0.	3,454
				:						
	-					<u> </u>				<u></u>
										10.1

Form **990** (2011)

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 ▶ 0

Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	1 502 010	1 502 010		
	organizations in the United States See Part IV, line 21	1,593,010.	1,593,010.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16		<u> </u>		
4	Benefits paid to or for members	•			
5	Compensation of current officers, directors,	139,539.		139,539.	
6	trustees, and key employees Compensation not included above, to disqualified	137,337.	-	137,337.	
0			·		
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages	239,059.	182,657.	56,402.	
8	Pension plan accruals and contributions (include	200,000.		30,102.	
U	section 401(k) and section 403(b) employer contributions)	11,980.		11,980.	
9	Other employee benefits	9,855.		9,855.	
10	Payroll taxes	33,915.		33,915.	
11	Fees for services (non-employees):	00,000			
·· a	Management				
b	Legal	11,903.	10,282.	1,621.	
c	Accounting	19,400.		19,400.	
d	Lobbying	,		Í	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g		301,373.	202,810.	98,563.	· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	24,312.	24,312.		
13	Office expenses	94,565.	38,299.	56,266.	
14	Information technology	31,692.	31,692.		
15	Royalties	127,200.		127,200.	
16	Occupancy	149,997.	123,610.	26,387.	
17	Travel	74,686.	56,175.	18,511.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	532.		532.	
20	Interest				
21	Payments to affiliates	0.540		0.540	
22	Depreciation, depletion, and amortization	8,540.		8,540.	
23	Insurance	11,739.		11,739.	······
24	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 0)				
а	PROGRAM ACQUISITION & L	51,152.	51,152.		
b	DUES & SUBSCRIPTIONS	21,807.	21,737.	70.	
С	CURRICULUM	15,750.	15,750.		
d	OPPORTUNITY RESEARCH &	10,683.		10,683.	
е	All other expenses	7,504.	3,235.	4,269.	
25	Total functional expenses. Add lines 1 through 24e	2,990,193.	2,354,721.	635,472.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Form **990** (2011)

22,906,835.

Total liabilities and net assets/fund balances

24,204,007.

34

Form	1990 (2011) INSTRUCTIONAL TELECOMM. FOUNDATION, INC.	84	-0943	035	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,99	0,1	93.
3	Revenue less expenses. Subtract line 2 from line 1	3		91	0,1	<u> 19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23	,88	9,4	63.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<2	,56	1,6	02.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22	,23	7,9	80.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
	<u></u>				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
ь	Were the organization's financial statements audited by an independent accountant?			2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audı	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	Э.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis				•	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle A	udit]		
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ıred aı	ıdıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	l	

Form **990** (2011)

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
➤ Attach to Form 990.
➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

INSTRUCTIONAL TELECOMM. FOUNDATION, INC.

Employer identification number 84-0943035

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	a donor davidos, or for drift other purpose of	Yes No
Pa		anization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ea		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	reservation of a serial	
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.		or a concentration casement on the last
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	' ·	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	
•	year >	oucou, crimigatorica, cri terrimianda e, inc	erganization coning the text
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	 -	
	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		uring the year
7	Amount of expenses incurred in monitoring, inspecting, and e	_	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(II)?	• •	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items.		·
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		-
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 INSTRUCTIONAL TELECOMM. FOUNDATION, INC. 84-0943035 Page
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 d Loan or exchange programs
b Scholarly research e Other
c Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
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
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance 2a Did the organization include an amount on Form 990. Part X, line 21? Yes
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities
and programs
f Administrative expenses
g End of year balance
Temporarily restricted endowment ►% The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
by: Yes N
(i) unrelated organizations 3a(i)
(ii) related organizations 3a(ii)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value
basis (investment) basis (other) depreciation
1a Land
b Buildings
c Leasehold improvements
d Equipment 564,037. 560,862. 3,175
e Other
Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2011

	edule D (Form 990) 2011 INSTRUCTIONAL TELECOMM. FOUND				0943035	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Aud	dited Finan	icial Sta	temen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	,	3,900	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,990	,193.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,119.
4	Net unrealized gains (losses) on investments		4		<2,561	,602.
5	Donated services and use of facilities		5		-	
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9		<2,561	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 rt XII Reconciliation of Revenue per Audited Financial Statements	With Dave	10	Datum	<1,651	<u>,483.</u>
	· · · · · · · · · · · · · · · · · · ·	with Reve	nue per		1,338	710
1	Total revenue, gains, and other support per audited financial statements			1	1,330	, /10+
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 < 2 56	1,602			
a	Net unrealized gains on investments 2a		1,002			
D	Donated services and use of facilities 2t			-		
C	Recoveries of prior year grants Other (Passarba to Part VIV)	-		-		
a	Other (Describe in Part XIV.)	0		┨╻	<2 561	602
e	Add lines 2a through 2d			2e	<2,561 3,900	212
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,900	312.
4	1	- 1				
a 	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 48			-[
0	Add lines 4a and 4b	9.1		ا ما ا		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c 5	3,900	312
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements	With Expe	enses po			VOIL •
1	Total expenses and losses per audited financial statements		ооо р	1	2,990	.193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•	
а	Donated services and use of facilities 2a	a				
b	Prior year adjustments 2t			-		
c	Other losses 2d					
d	Other (Describe in Part XIV.)			_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,990	,193.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	a				
b	Other (Describe in Part XIV.)	ь		_		
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,990	,193.
	rt XIV Supplemental Information					
X, lin	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2 ; Part XI, line 8 ; Part XII, lines 2 d and 4 b; and Part XIII, lines 2 d and 4 b. Also complete the 4 DULE 1 D, 1 DART 1 DA					4; Part
THI	E ORGANIZATION'S AUDITED FINANCIAL STATEMENTS	CONTAI	N NO	UNCE	RTAIN T	X.
PO	SITION AND A FOOTNOTE WAS NOT PREPARED.					
					_ 	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

2011
Open to Public inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Name of the organization INSTRUCTI	INSTRUCTIONAL TELECOMM.		FOUNDATION, INC	ָּט			Employer identification number 84-0943035
Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	1 States.			
Part It Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Bart II can be duplicated if additional space is needed	Governments an \$5,000. Check this	d Organizations in the	e United States. C	omplete if the organ an \$5,000. Part II	anization answered "Y can be duplicated if a	fes" to Form 990, Part additional space is nee	IV, line 21, for any ded ▶
1 (a) Name and address of organization (b) EiN (c) IRC section or government or government (b) EiN (c) IRC section (c) Amount of valuation (book, non-cash assistance assistance other)	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC COMMUNICATORS INC. P.O. BOX 44099 DENVER, CO 80201-4099	51-0173482	501(C)(3)	1,223,200.	0.			MEDIA
SRAVE NEW FILMS 10510 CULVER BLVD. CULVER CITY, CA 90232	26-0603427	501(C)(4)	14,500.	.0			MEDIA
FREE PRESS 10 MAIN STREET, STE 301 FLORENCE, MA 01062	41-2106721	501(C)(4)	5,800.	.0			MEDIA
	20-4496869	501(C)(4)	14,500.	0			MEDIA
	94-3153687	501(C)(4)	81,200.	.0			MEDIA
FAIR 104 WEST 27TH ST, SUITE 10B NEW YORK NY 10001	13~3392362	501(C)(3)	000 05	0			MEDIA
2 Enter total number of section 501(c)(3) and government organizations	and government or		listed in the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					4.
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.			:		Schedule I (Form 990) (2011)

n 990) INSTRUCTIONAL TELECOMM. FOU	UNDATION, INC.	84-0943035	Page 1
ation of Grants and Other Assistance to Governments and C	Organizations in the United States (Schedule I (Form 990), Part II.)		

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. FORMAL GRANT AGREEMENT, THE AGREEMENT OUTLINES WHEN THE PAYMENTS ARE TO BE MADE AND THEN REVIEWED BY ONE DISCREPANCY, THE FINAL PAYMENT WOULD NOT BE MADE UNTIL THE PROBLEM HAS SCHEDULE I, PART I, LINE 2: PROCEDURES FOR MONITORING THE USE OF GRANT IN DETAIL, HOW THEY USED THE ANY OR MORE STAFF MEMBERS OR CONTRACT CONSULTANTS; AND IF THERE IS (d) Amount of non-cash assistance ď THE CASE OF APPLICANTS WITH WHOM THE ORGANIZATION HAS (c) Amount of cash grant THE REPORTS ARE (b) Number of recipients USUALLY REQUIRES THE GRANTEE TO SUBMIT, FUNDS IN THE U.S. SCHEDULE I, PART IV Part III can be duplicated if additional space is needed. IN A NARRATIVE OF THE WORK. (a) Type of grant or assistance FUNDS ZI

Schedule I (Form 990) (2011)

132102 01-27-12

Page 2

84-0943035

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

INSTRUCTIONAL TELECOMM. FOUNDATION, INC.

Schedule I (Form 990) (2011)

Schedule I (Form 990) 2011	INSTRUCTIONAL	TELECOMM.	FOUNDATION,	_INC.	84-0943035	Page 2
Schedule I (Form 990) 2011 Part IV Supplemental In	formation	<u></u>	<u> </u>	•		
BEEN CORRECTED.						
<u> </u>						
 .			· · · · · · · · · · · · · · · · · · ·			
		- 			·	
		.=				
					-	
						
					<u> </u>	_
				-		

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number

					n 501(c)(4) organization			4-09	4303	5	
		-		•	line 25a or 25b, or Fo			/ line 40	lh		
1			OH T OHH	330,1 411,17,				v, III 0 40		(c) Cori	ected?
(a) Name of dis	qualified per	son			(b) Description	of transa	ction			Yes	No
	··										
						<u> </u>					
									_		
<u> </u>											
2 Enter the amount of tax imp	osed on the	organization	manager	ı s or disqualifi	ed persons during the	e vear un	der				
section 4958	••••			o or aloqua	oa poroonio aaniig uu	, , ,		▶ \$			
3 Enter the amount of tax, if a	ny, on line 2,	above, reim	bursed by	the organiza	ation			▶ \$			
Part II Loans to and/o											
					line 26, or Form 990-E				proved		
(a) Name of Interested person and purpose		to or from	(c) Original	nal principal mount	(d) Balance due		In ault?	by bo	ard or uttee?		ritten ment?
	То	From	<u> </u>			Yes	No	Yes	No	Yes	No
			ļ			ļ		ļ			
			1								
			 			1		 			
			 								
	1		1			-					
			<u> </u>					ļ			
	<u> </u>	L	<u> </u>			ļ			<u> </u>		
Total Part III Grants or Assis	tance Re	nefitina li	ntorosta	Derson		<u> </u>		I			
Complete if the orga		-									
(a) Name of interested		Weled les			een interested person	and		(c) Am	ount an	d type o	f
(5) / (5)	,		(-,		ganization		-		assistan		•
					,						
· · · · · · · · · · · · · · · · · · ·											
		<u> </u>					-				_
							-				

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

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 INSTRUCTIONAL TELECOMM. FOUNDATION, INC.84-0943035 Page 2 Part IV Business Transactions Involving Interested Persons.

	Complete	it the organization a	answered	"Yes" C	on Form 990, Part IV, III	<u>1e 28a, 28b</u>	, or 28c.				
	(a) Name of I	nterested person		1	lationship between interson and the organiza	I	(c) Amour transacti		(d) Description of transaction	(e) Sha organiz reven	
				ļ						Yes	No
EBS	SUPPORT	SERVICES,	LLC	KEY	EMPLOYEES		511,	120.	REIMBURSEME		Х
	 										
			 								
					-						
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		·									
Part	V Suppler	mental Informa	tion						· · · · · ·		
	Complete	this part to provide	additiona	al <u>inform</u>	ation for responses to	questions of	on Schedule	L (see	instructions).		
SCH	L, PART	IV, BUSIN	ESS I	RANS	SACTIONS INV	OLVIN	G INTE	REST	ED PERSONS:		
(A)	NAME OF	PERSON: E	BS SU	PPOE	RT SERVICES,	LLC					

SCHEDULE L, PART IV

BUSINESS TRANSACTION INVOLVING INTERESTED PERSONS:

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENT FOR SHARED COSTS.

EBS SUPPORT SERVICES LLC IS OWNED BY FIVE MEMBERS WHICH ARE ALL

NONPROFIT ORGANIZATIONS. ITF IS A MEMBER OF EBS SUPPORT SERVICES LLC

AND HAS A 39.47% INTEREST. EBS SUPPORT SERVICES WAS CREATED FOR THE

PURPOSE OF LEASING PERSONNEL AND PROVIDING SHARED ADMINISTRATIVE

SERVICES TO ITS MEMBERS. THE APPOINTED MANAGER OF EBS SUPPORT SERVICES

IS THE PRESIDENT AND DIRECTOR OF ITF. THREE KEY EMPLOYEES OF EBS

SUPPORT SERVICES DEVOTE PART OF THEIR TIME TO ITF BUSINESS: JOHN

SCHWARTZ, ADAM MILLER, AND PATRICIA DWYER. ITF REIMBURSES EBS SUPPORT

SERVICES FOR THE COST OF THE LEASED PERSONNEL, INCLUDING KEY EMPLOYEES.

THE AMOUNT LISTED ABOVE INCLUDES ALL COMPENSATION AND BENEFITS PAID TO

THESE KEY EMPLOYEES. THE AMOUNT LISTED ABOVE ALSO INCLUDES SALARY AND

BENEFITS FOR OTHER SHARED EMPLOYEES AS WELL AS REIMBURSEMENT FOR SUCH

ITEMS AS SHARED OFFICE SPACE, EQUIPMENT, AND OTHER OPERATING EXPENSES.

Schedule L (Form 990 or 990-EZ) 2011 INSTRUCTIONAL TELECOMM. Part V Supplemental Information	FOUNDATION, INC.84-0943035 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to que	stions on Schedule L (see instructions).
TOTAL AMOUNT PAID TO EBS SUPPORT SERVICES:	\$511,120
KEY EMPLOYEE COMPENSATION	112,125
OTHER EMPLOYEE SALARIES	239,061
EMPLOYEE BENEFITS & PAYROLL TAX	81,300
OTHER OPERATING EXPENSE	52,247
RENT	26,387
-	
<u> </u>	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

INSTRUCTIONAL TELECOMM. FOUNDATION, INC.

Employer identification number 84-0943035

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR
"CHARITABLE, SCIENTIFIC AND EDUCATIONAL" AND "SOCIAL WELFARE" PURPOSES
WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY,
OF THE INTERNAL REVENUE CODE. TO THIS END, THE NONPROFIT SHALL
UNDERTAKE ACTIVITIES TO:
SUPPORT THE PROVISION OF QUALITY AND DIVERSE INSTRUCTIONAL MEDIA
CONTENT AND CAPABILITIES TO EDUCATORS AND STUDENTS, INCLUDING, BUT NOT
LIMITED TO, DATA SERVICES AND INSTRUCTIONAL VIDEO;
FOSTER OPEN, HONEST AND OUTSPOKEN MEDIA THAT HELP USERS TO BE A POPULAR
DEMOCRATIC CHECK ON BOTH GOVERNMENT POWER AND CONCENTRATED PRIVATE
PRIVILEGE;
EXPAND THE DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM,
THAT OFFER DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE
INFORMATION AND CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND
GLOBAL CONTEXTS;
ENGAGE IN ADDITIONAL SOCIAL WELFARE, CHARITABLE, SCIENTIFIC, AND/OR
EDUCATIONAL ACTIVITIES AS ARE CONSISTENT WITH OPERATIONS THAT MAY BE
UNDERTAKEN BY ORGANIZATIONS DESCRIBED IN, AND THUS EXEMPT FROM TAXATION
UNDER, SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, AS NOW ENACTED
OR HEREAFTER AMENDED.

Schedule O (Form 990 or 990-EZ) (2011) Name of the organization **Employer identification number** INSTRUCTIONAL TELECOMM. FOUNDATION, INC. 84-0943035 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: THE ORGANIZATION COMMENCED PROVIDING BUSINESS MODELING SERVICES FOR EDUCATIONAL AND NON-PROFIT ORGANIZATIONS. THIS SERVICE IS KNOWN AS PUBLIC TELEVISION FINANCING, LLC. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: THE ORGANIZATION DELIVERS INSTRUCTIONAL TELEVISION PROGRAMMING TO ELEMENTARY AND SECONDARY SCHOOLS. DURING FISCAL YEAR 2012, THE COMPANY CEASED BROADCASTING THESE PROGRAMS VIA ITS EDUCATIONAL BROADBAND SERVICE SYSTEM IN PHILADELPHIA BUT CONTINUED DELIVERING THESE PROGRAMS THROUGH AN ONLINE STREAMING SITE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE ORGANIZATION THROUGH ITS INVESTMENT IN AN UNRELATED ORGANIZATION TAXABLE AS A PARTNERSHIP UNDERTOOK ACTIVITIES TO EXPAND THE DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM, THAT OFFER DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE INFORMATION AND CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND GLOBAL CONTEXTS. EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ -233,448. FORM 990, PART VI, SECTION A, LINE 7A: THE PRESIDENT OF THE CORPORATION MAY DESIGNATE UP TO TWO DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE

Name of the organization INSTRUCTIONAL TELECOMM. FOUNDATION, INC.

Employer identification number 84-0943035

ORGANIZATION'S ACCOUNTANTS, BUSINESS MANAGER, CFO AND AT LEAST ONE

CORPORATE OFFICER. ADDITIONALLY THE FORM IS PRESENTED TO THE BOARD MEMBERS

BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER HAS A DUTY TO DISCLOSE TO THE BOARD (OR TO ANY COMMITTEE OF THE BOARD THAT IS CONSIDERING A DECISION TO WHICH THE CONFLICT APPLIED) THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OR ACTION OF THE ORGANIZATION IN WHICH SUCH RESPONSIBLE PERSON HAS ANY CONFLICTS.

EACH RESPONSIBLE PERSON WHO IS A STAFF MEMBER HAS A DUTY TO DISCLOSE TO THE BUSINESS MANAGER OF THE ORGANIZATION AND HIS/HER IMMEDIATE SUPERVISOR THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF THE ORGANIZATION IN WHICH SUCH PERSON HAS ANY CONFLICT. IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY RELIES ON SUCH DISCLOSURE.

A RESPONSIBLE PERSON WHO FAILS TO FOLLOW THE PROTOCOLS ESTABLISHED IN THE CONFLICT OF INTEREST POLICY SHALL BE SUBJECTED TO MEANINGFUL DISCIPLINARY ACTION BY THE BOARD OF DIRECTORS UP TO AND INCLUDING REMOVAL FROM THE BOARD OR THEIR POSITION WITHIN THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: ALL SERVICES PERFORMED ARE FROM
SHARED EMPLOYEES OF A SHARED SERVICES COMPANY. THIS COMPANY HAS AN

OVERSIGHT COMMITTEE MADE UP OF BOARD MEMBERS OF NONPROFIT ORGANIZATIONS

THAT IT SERVES. THIS OVERSIGHT COMMITTEE HAS BEEN CHARGED BY THE NONPROFIT

ORGANIZATION BOARDS TO OVERSEE PERSONNEL MATTERS INCLUDING EXECUTIVE AND

STAFF COMPENSATION. STAFF PREPARED A SALARY BENCHMARKING REPORT FOR ALL

STAFF POSITIONS THAT DESCRIBED EACH POSITION AND COMPARED THE POSITION TO A

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Schedule O (Form 990 or 990-EZ) (2011)

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(g) Section 512(b)(13) controlled Schedule R (Form 990) 2011 Open to Public Inspection Employer identification number 84-0943035 OMB No 1545-0047 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total income Exempt Code Œ section Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) INSTRUCTIONAL TELECOMM. FOUNDATION, INC. Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part !

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84-0943035

Page 2

INC INSTRUCTIONAL TELECOMM. FOUNDATION, Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Seneral or Percentage managing ownership 63.60% 63,60% 3 Yes No Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) N/A N/Aate allocations? Disproportion-Yes No Ξ 2,952,627 52,751, Share of end-of-year assets <u>6</u> 1,108,674. <233,175. Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) EXCLUDED FROM **e** RELATED TAX (d) (Direct controlling entity (c)
Legal
domicile
(state or
foreign ဥ S Primary activity 9 EDUCATION SUPPORT PUBLIC TV FINANCING LLC -36-4701944, P.O. BOX 6060 41-2183115, P.O. BOX 6060 Name, address, and EIN of related organization 80306-6060 80306-6060 INDEPENDENT SPECTRUM <u>a</u> ပ္ပ ပ္ပ BOULDER, BOULDER,

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

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(a)	(q)	(2)	(D)	(e)	()	(6)	ε
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Legal domicile Direct controlling Type of entity (C corp., S corp, foreign country)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
			-				
		_	_				

Schedule R (Form 990) 2011

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INC INSTRUCTIONAL TELECOMM. FOUNDATION, Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

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

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)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

Exchange of assets with related organization(s) ء

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

Performance of services or membership or fundraising solicitations for related organization(s)

1 Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses 0

p Reimbursement paid by related organization(s) for expenses

Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

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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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) INDEPENDENT SPECTRUM - DISTRIBUTION	æ	413,400.BOOK	BOOK
(2) PUBLIC TV FINANCING, LLC - CONTRIBUTION	В	286,200.BOOK	воок
(3) PUBLIC TV FINANCING, LLC - LOAN	D	72,800.BOOK	воок
(4) PUBLIC TV FINANCING, LLC - LOAN INTEREST	А	1,776.BOOK	воок
(9)			

Schedule R (Form 990) 2011

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84-0943035

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Schedule R (Form 990) 2011 INSTRUCTIONAL TELECOMM. FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 panner, of Form 1065)				
Code V-UBI Ge amount in box 20 ms of Schedule K-1 Px (Form 1065)				
(h) Disproportonate a allocatons?				
(g) Share of end-of-year assets				
(f) Share of total Income				
(e) Are all partners sec 501(c)(3) orgs?				
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Schedule R (Form 990) 2011