

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



13

Short Form OMB No 1545-1150 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)

Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling arganizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and the end of the very may use this form. Form 990-EZ
Pepartment of the Treasury Sponsoring organizations or donor advised funds, organizations that operate one or more respital ractifies, and cartain controlling anizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and the period of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection Internal Revenue Service 2012 APR 2013 For the 2012 calendar year, or tax year beginning MAY and ending В Check if applicable C Name of organization D Employer identification number Address change 85-0226484 INSTITUTE FOR REGIONAL EDUCATION Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 505-988-9800 PO BOX 2404 City or town, state or country, and ZIP + 4 F Group Exemption Amended return 87504-0404 SANTA FE, NM Number > Application pending X Cash H Check X if the organization is not G Accounting Method: Accrual Other (specify) Website: ► WWW.QATSI.ORG required to attach Schedule B Tax-exempt status (check only one) \_ X 501(c)(3) \_\_\_\_ 501(c) ( ) **◄**(insert no.) \_\_\_\_ 4947(a)(1) or L \_\_ 527 (Form 990, 990-EZ, or 990-PF). K Check Lift the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 54,893. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 54,774.2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 8. SEE SCHEDULE O 4 Investment income 5a 5a Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Revenue Revenu Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and land aising exents 60 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less ceturns and allowances
b Less: cost of goods sold 7a 7b Gross profit or (loss) from sales of inventory (Subtractivine-7b from line 7a) 7с Other revenue (describe in Schedule 0) 111.SEE SCHEDULE O 8 Total revenue. Add lines 2, 2, 3, 4, 50, 60, 70, and 8 54,893. 9 10 Grants and similar amounts paid (list in Schedule 0) 10 11 11 Benefits paid to or for members. 14,439. 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 5,280. 14 14 Occupancy, rent, utilities, and maintenance 360. 15 15 Printing, publications, postage, and shipping SEE SCHEDULE O .796. 16 16 Other expenses (describe in Schedule 0) 41,875. 17 17 Total expenses. Add lines 10 through 16 13,018. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 364,597. 19

LHA For Paperwork Reduction Act Notice, see the separate instructions.

(must agree with end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

20

21



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377,615.

Form **990-EZ** (2012)

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Forn	m 990-EZ (2012) INSTITUTE FOR REGIONAL EL	UCATION		85-	02264	<b>84</b> Page
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any ques				X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		10,434	• 22		24,188
23		<u> </u>		23	+	
24	Other assets (describe in Schedule 0) SEE SCHEDULE C	)	354,163			353,427
25	Total assets		364,597			377,615
26	Total liabilities (describe in Schedule 0)	<u> </u>	(			0
27		<u>-</u>	364,597		<b>.</b>	377,615
P	art III Statement of Program Service Accomplishme	•	•			xpenses
	Check if the organization used Schedule O to res	pond to any ques	stion in this Part III	X		l for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? <b>EDUCATION MEDI</b>	A AND PROG	RAMS		organizati	ons and section
	cribe the organization's program service accomplishments for each of its three largest program		penses in a clear and concise		4947(a)(	l) trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title			101 0111010	·· <i>,</i>
28	SEE SCHEDULE O				1 1	
						44 005
	(Grants \$ ) If this amount includes foreign	grants, check here		Щ	28a	41,875
29					1	
	(Grants \$ ) If this amount includes foreign	grants, check here			29a	
30			<del></del>			
• •	(Grants \$ ) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)		_			
•	(Grants \$ ) If this amount includes foreign	grants, check here	<u>.</u>		31a	/11 075
	(Grants \$ ) If this amount includes foreign (Total program service expenses (add lines 28a through 31a)				32	41,875
	(Grants \$ ) If this amount includes foreign of the program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mployees List each			32	
	(Grants \$ ) If this amount includes foreign (Total program service expenses (add lines 28a through 31a)	Employees List each	stion in this Part IV	1	32 instructions	for Part IV)
	(Grants \$ ) If this amount includes foreign of the program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res	Employees List each pond to any ques (b) Average hours	stion in this Part IV	( <b>d</b> ) H	ealth benefits	for Part IV)
	(Grants \$ ) If this amount includes foreign of the program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	Employees List each	stion in this Part IV	(d) H con emp plans	e instructions ealth benefits tributions to loyee benefit, and deferred	for Part IV)  (e) Estimated amount of othe
Pa	(Grants \$ ) If this amount includes foreign of the program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and title	Employees List each pond to any ques (b) Average hours per week devoted	stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) H con emp plans	ealth benefits tributions to loyee benefit	for Part IV)  (e) Estimated amount of othe
ST	(Grants \$ ) If this amount includes foreign of the composition of the	Employees List each pond to any ques (b) Average hours per week devoted position	stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp plans cor	alth benefits tributions to loyee benefit, and deferred inpensation	(e) Estimated amount of othe compensation
ST PR	(Grants \$ ) If this amount includes foreign of the composition of the	Employees List each pond to any ques (b) Average hours per week devoted	stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) H con emp plans cor	e instructions ealth benefits tributions to loyee benefit, and deferred	(e) Estimated amount of othe compensation
ST PR GC	(Grants \$ ) If this amount includes foreign of Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  PEPHEN J. GOLDIN RESIDENT/DIRECTOR ODFREY REGGIO	Employees List each pond to any ques (b) Average hours per week devoted position	stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con- emp plans cor	e instructions ealth benefits tributions to loyee benefit, and deferred inpensation	(e) Estimated amount of other compensation
ST PR GC V.	(Grants \$ ) If this amount includes foreign of Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  PEPHEN J. GOLDIN RESIDENT/DIRECTOR  ODFREY REGGIO PRES/DIRECTOR	Employees List each pond to any ques (b) Average hours per week devoted position	stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con- emp plans cor	alth benefits tributions to loyee benefit, and deferred inpensation	(e) Estimated amount of other compensation
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	1990-EZ (2012) INSTITUTE FOR REGIONAL EDUCATION 65-0228			Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this			X
_			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	Ĺ	X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1		37
	complete applicable parts of Schedule N	36	<del> </del>	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   37a   0	⊣ .		v
	Did the organization file Form 1120-POL for this year?	37b	-	X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	38a		x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved    386   N/A	304	+	<del>  ^</del>
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9  N/A			
	Gross receipts, included on line 9, for public use of club facilities  39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-		х
44	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed <b>NM</b>	40e		_ <u> </u>
41	The organization's books are in care of ► LAWRENCE TAUB  Telephone no. ► 505-98	18-9	800	
724	Located at ▶ 1802 2ND STREET, UNIT #1, SANTA FE, NM ZIP+4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NT / 78		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u>.                                    </u>	
			Vac	No
44.0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1.03	140
770	Form 990-EZ	44a		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		†	
•	of Form 990-EZ	44b		x
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			I
_	ın Schedule O	44d		<u>L</u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			_
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X
		Form 5	990-EZ	(2012)

Form 990-EZ (2	012) INSTITUTE	FOR REGI	ONAL	EDUCATION	1		85-02264	184	ı	Page 4
<del></del>	•									No
	ganization engage, directly or indire omplete Schedule C, Part I	ectly, in political ca	ampaign a	ctivities on behalf of c	r in oppositio	n to candidates for p	ublic office?	46		Х
	Section 501(c)(3) organi	zations only	,				1	40		
	All section 501(c)(3) organizatio			ns 47-49b and 52,	and complet	e the tables for lin	es 50 and 51			
	Check if the organization used	Schedule O to r	espond t	o any question in t	his Part VI					
									Yes	No
	ganization engage in lobbying activ		-			ear? If "Yes," complet	e Sch. C, Part II	47	X	
	anization a school as described in s				ule E		1	48		X
	ganization make any transfers to ar	•		ited organization?				49a		X
-	as the related organization a section this table for the organization's five	-		lovees (other than off	icare director	e truetage and kay a	mplovees) who es	49b	owad i	More.
	0,000 of compensation from the org	= :		- ,	icers, unector	s, ilusiees allu key e	inployees) wile ea	CII I CC	civeu i	11016
	(a) Name and title of each		io mono, c	(b) Avera	ae hours	(C) Reportable	(d) Health benefits	. (e	) Estim	ated
	paid more than \$100			per week (		compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amo	unt of	
		NONE		pos	tion		plans, and deferred compensation	CO	mpens	ation
								<u> </u>		
							i			
		<del></del>				-		<del> </del>		
						<del> </del>	<u> </u>	+		
						1	<del>                                     </del>	+		
f Total num	ber of other employees paid over \$	100,000		•	<b>&gt;</b>		•			
51 Complete	this table for the organization's five	e highest compens	sated indep	pendent contractors v	vho each rece	ived more than \$100	,000 of compensa	ition fr	om the	•
	on. If there is none, enter "None."	NONE								
(a) Name and	address of each independent cont	ractor paid more t	than \$100,	,000	<b>(b)</b> Type	of service	(c) (	Compe	nsatio	<u> </u>
		•								
		· · · · · · · · · · · · · · · · · · ·								
		-								
	ber of other independent contracto	•		•	74 3443					
	ganization complete Schedule A?		J1(C)(3) 0	rganizations and 494	/(a)(1) nonex	empt	<b>►</b> □	Ϋ́		N
Under penalties of	trusts must attach a completed Sc perjury, receive that i have examined th	ils return, including at	companyin	g schedules and stateme	nts, and to the t	rest of my knowledge an	d belief, it is true, cor	rect, an	<del>а солтр</del>	Tete
	parer (other than officer) is based on all inf	iornation of which pr	eparer nas a	ury knowledge			I 18 Oct	13		
Sign Here	Signature of officer				•		Date			
TIGIE	Godfrey Reggio,	Vice Pres	ident							
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Paid	Lawrence Taub		A	/	<u> 180</u> ct	1_3 self- empl	-		<b>.</b>	
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may and mid die	construction that the property					<del></del>				(2012)

# SCHEDUI F A

**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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

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(Form'99	90 or 9	990-EZ)	)

Department of the Treasury

Internal Revenue Service

Nam	e of t	he organizati	on	· - · · · · · · · · · · · · · · · · · ·					Er	nployer				mber
				TE FOR REGIO						8	<u>5-0</u>	226	<u> 484</u>	
Pa	rt I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mus	st complet	e this part	.) See inst	ructions.					
The	organ	ızatıon ıs not a	private foundation	because it is: (For lines 1	through 1	l1, check d	only one b	ox.)						
1	Щ	A church, cor	nvention of churches	s, or association of churc	ches desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	•					
2		A school des	cribed in <b>section 17</b>	' <b>0(b)(1)(A)(ii).</b> (Attach Scl	hedule E.)									
3	Щ	A hospital or	a cooperative hospi	tal service organization o	described (	n section	170(b)(1)(	A)(iii).						
4	Ш	A medical res	search organization of	operated in conjunction	with a hos	pıtal descr	ıbed ın <b>se</b>	ction 170	(b)(1)(A)(iii	i). Enter	the ho	ospital'	s nam	e,
		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
			(b)(1)(A)(iv). (Comple	· ·			470/1-1/4							
6	=		•	ent or governmental unit					6 41				_LI	_
,	ш	_		eives a substantial part o	of its supp	ort from a	governme	entai unit o	or trom the	generai	public	c descr	nbea i	n
		-	<b>b)(1)(A)(vi).</b> (Comple		(Camplete	Dest II \								
8	X	-		ection 170(b)(1)(A)(vi). (		-		L		_				<b>6</b>
9				eives: (1) more than 33 1										
				nctions - subject to certa axable income (less sect	-		•					-		
			509(a)(2). (Complete	·	iion 511 ta	x) 110111 bu	311 103303 6	icquired b	y ine orga	ilization	aitei	Julie J	U, 1 <i>31</i>	J.
10				perated exclusively to te	et for nubli	r safety S	Saa sactio	n 500(a)(4	11					
11	襾	-		perated exclusively for th	,	-			-	v out the	מזוח	oses o	f one	or
•	_	•	•	ations described in section						•				
				organization and comple	` ''	•	, ,,	,		-,,-,-				
		a Type I	~ ~~~~		ype III - Fui	•		d	Typ	e III - No	n-func	ctionali	y inted	rated
е			-	it the organization is not			_		• • •				•	•
			•	han one or more publicly		-	-	-		•	•			
f			=	ten determination from t										
		supporting or	rganization, check th	nis box										
g		Since August	t 17, 2006, has the c	organization accepted an	ny gift or co	ontribution	from any	of the follo	owing pers	sons?				
		(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed	ın (ıi) and (ı	ııı) below	',		Yes	No
		the gove	erning body of the si	upported organization?							Ŀ	11g(i)		
		(ii) A family	member of a persor	n described in (i) above?								11g(ii)		
		• •		person described in (i) o							1	l1g(iii)		
h		Provide the fo	ollowing information	about the supported org	ganızatıon(	(s)								
				T	(iv) lo the o		(v) Did vo		(vi) Is	the	T			
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization sted in your		i notify the	lorganizatio	on in col. I	(vii) / 	Amount		netary
	orga	anization		above or IRC section	governing	document?	(i) of your	support?	(i) organız U.S	ea in the   .?		supp	JUIT	
				(see instructions))	Yes	No	Yes	No	Yes	No	1			
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Tata			1			I	l	I	I	I	I			

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

18 29104032 743960 29104010 Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (c) 2010 (b) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. 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 stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

**b 10%** -facts-and-circumstances test - 2011. 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 stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012 INSTITUTE FOR REGIONAL EDUCATION Part-III | Support Schedule for Organizations Described in Section 509(a)(2)

85-0226484 Page 3

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

80-	qualify under the tests listed below, please complete Part II.) Section A. Public Support											
			# \ n===	(1)05:5	4 5 05 1	( ) 0010						
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
1	Gifts, grants, contributions, and	1		-								
	membership fees received. (Do not	222	00 000		20 000		E0 000					
	include any "unusual grants.")	200.	28,000.		30,000.		58,200.					
	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	74,196.	133,203.	47,315.	63,338.	54,774.	372,826.					
3	Gross receipts from activities that											
	are not an unrelated trade or bus- iness under section 513											
4	Tax revenues levied for the organ-					-						
	ization's benefit and either paid to or expended on its behalf	i										
5	The value of services or facilities											
	furnished by a governmental unit to the organization without charge											
6	Total. Add lines 1 through 5	74,396.	161,203.	47,315.	93,338.	54,774.	431,026.					
	Amounts included on lines 1, 2, and	·			- <u>-</u>							
	3 received from disqualified persons						0.					
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	25,889.	17,167.		5,069.		48,125.					
c	Add lines 7a and 7b	25,889.	17,167.		5,069.		48,125.					
	Public support (Subtract line 7c from line 6.)	A 1 15A	· · · · · · · · · · · · · · · · · · ·		₹f = <u>Δ</u> Λ Λ Λ		382,901.					
	etion B. Total Support			<u> </u>								
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
	Amounts from line 6	74,396.	(b) 2009 161, 203.	(c) 2010 47,315.	(d) 2011 93,338.	(e) 2012 54,774.	(f) Total 431,026.					
	Gross income from interest,						<del></del> _					
	dividends, payments received on securities loans, rents, royalties and income from similar sources	6.	94.	120.	5.	120.	345.					
b	Unrelated business taxable income											
	(less section 511 taxes) from businesses											
	acquired after June 30, 1975											
c	Add lines 10a and 10b	6.	94.	120.	5.	120.	345.					
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on											
12	Other income. Do not include gain or loss from the sale of capital											
13	assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)	74,402.	161,297.	47,435.	93,343.	54,894.	431,371.					
	First five years. If the Form 990 is for						L—					
	check this box and stop here	o organizations	, 5000/id, till!	_,	, 40 4 000110	(5)(5) 51941112	<b>▶</b> □					
Se	ction C. Computation of Publ	ic Support Pe	rcentage	_								
_	15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 88.76 %											
	16 Public support percentage from 2011 Schedule A, Part III, line 15 16 86.31 %											
_	Section D. Computation of Investment Income Percentage											
	17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))											
	18 Investment income percentage from 2011 Schedule A, Part III, line 17											
	19a 33 1/3% support tests - 2012. 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											
156	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization											
L	33 1/3% support tests - 2011. If the	organization did r	not check a hox on	line 14 or line 19a	and line 16 is mo	re than 33 1/3%						
	line 18 is not more than 33 1/3%, che											
20	Private foundation. If the organization											
	Frivate foundation. If the organization	in did not check a	DUA OH IIII 14, 13	a, or roo, or rook th			0 or 990-EZ) 2012					

### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

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

See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from  (e) Amount of political	Section 5	01(c)(4), (5), or (6) organiza	tions: Complete Part III.	·		·
Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours  Part I-B   Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 4 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political organization. Such as a description of political contributions received and political organization. Such as a description of political contributions received and political organization. Such as a separate segregated fund or a political organization. Such as a separate segregated fund or a political organization. Such as a separate segregated fund or a political organization. Such as a separate segregated fund or a political organization. Such as	Name of orga		<b>T</b> T TOD DEGENERA	DUG ME OU	Empl	
Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  If the organization incurred a section 4955 tax, did if file Form 4720 for this year?  If the organization incurred a section 4955 tax, did if file Form 4720 for this year?  If the organization incurred a section 4955 tax, did if file Form 4720 for this year?  If the organization incurred a section 4955 tax, did if file Form 4720 for this year?  If the organization incurred a section 4955 tax, did if file Form 4720 for this year?  If the organization is exempt under section 501(c), except section 501(c)(3).  I Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function activities.  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from file eleved to a separate political organization's funds. Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter 0.	Deal AT				or in a continu EO7 a	
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function activities 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter 0. Pamount of political contributions received and promptly and directly delivered to a separate political organization.	rart I-A	Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
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2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter ·0·  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter ·0·  contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter ·0·		<del></del>	<del></del>			
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If "Yes," describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0. promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.		•	•		_ *	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

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Schedule C (Form 990 or 990-EZ) 2012	INSTITUTE	FOR REGIONAL	EDUCATION	85-0	226484 Page 2
Part II-A   Complete if the orga	anization is e	xempt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under sect	ion 501(h)).				
A Check X if the filing organizat	ion belongs to an	affiliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess lobby	ing expenditures).			
B Check ▶ ☐ if the filing organizat	ion checked box	A and "limited control" pro	ovisions apply.		
Limit	s on Lobbying E	vnandituras		(a) Filing	(b) Affiliated group
		nounts paid or incurred.	)	organızatıon's totals	totals
(110 101111 01140111			,		
1a Total lobbying expenditures to influ	ence public opini	on (grass roots lobbying)		0.	0.
<b>b</b> Total lobbying expenditures to influ	ence a legislative	body (direct lobbying)	ļ	0.	0.
c Total lobbying expenditures (add lir	nes 1a and 1b)			0.	0.
d Other exempt purpose expenditure	s			36,872.	66,918.
e Total exempt purpose expenditures	s (add lines 1c an	d 1d)		36,872.	66,918.
f Lobbying nontaxable amount. Ente		the following table in bot	h columns.	7,374.	13,384.
If the amount on line 1e, column (a) or	r(b) is: The	lobbying nontaxable am	ount is:		
Not over \$500,000	20%	of the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$10	0,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$17	5,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$22	5,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	000,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f			1,844.	3,346.
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	0.
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	0.
j If there is an amount other than zer	o on either line 1	or line 1i, did the organiz	ation file Form 4720	г	
reporting section 4911 tax for this				L	Yes No
		Averaging Period Under		. I . A	
		e a section 501(h) election e the instructions for line			
		spenditures During 4-Ye			
	Lobbying E	kpenditures burnig 4- re	ar Averaging Feriou		
Calendar year	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
(or fiscal year beginning in)	(,	(4/	(-,	<b>\-,</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2a Lobbying nontaxable amount	58,04	8. 46,297.	32,702.	13,384.	150,431.
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					225,647.
				· · · · · · · · · · · · · · · · · · ·	
c Total lobbying expenditures					
d Grassroots nontaxable amount	14,51	2. 11,574.	8,176.	3,346.	37,608.
e Grassroots ceiling amount					
(150% of line 2d, column (e))					56,412.
f Grassroots lobbying expenditures					<u></u>

Schedule C (Form 990 or 990-EZ) 2012

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b	<del></del>
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  bi if "yes," enter the amount of any tax incurred under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filting organization incurred a section 4912 tax, (all off leform 4720 for this year?  art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (80% or more) dues received nondeductible by members?  Did the organization agree to carry over lobbying expenditures of \$2,000 or less?  2 Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3 answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expensions of the prior of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year?  2a Crotal  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible se	- · · · · · · · · · · · · · · · · · · ·		· · · · ·	· · · · · · · · · · · · · · · · · · ·	
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does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1 Part II-B, line 1. Also, complete this part for any additional information.		xcess			
expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1 Part II-B, line 1. Also, complete this part for any additional information.	·				
Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1 Part II-B, line 1. Also, complete this part for any additional information.	•	•	4		
Supplemental Information  mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1 Part II-B, line 1. Also, complete this part for any additional information.	·		5		-
d Part II-B, line 1. Also, complete this part for any additional information.					
	mplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I	Part II-A (affile	ated group	list); Part II	-A, lın
SEE FOLLOWING PAGE	Part II-B, line 1. Also, complete this part for any additional information.				
SEE FOLLOWING PAGE					
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232043 01-07-13

**SCHEDULE 0** (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT I	INCOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST		8.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
ROYALTY		111.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
TRAVEL		19.
FEES AND ROUNDING ERROR		118.
DUPLICATION COSTS		980.
BOOKKEEPING		609.
WEBSITE		1,200.
OFFICE & TELEPHONE		239.
ROYALTIES		18,048.
PAYROLL TAXES		583.
TOTAL TO FORM 990-EZ, LINE 16		21,796.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
FILM PROJECTS	351,836.	351,100.
PREPAID - SECURITY DEPOSIT	1,700.	1,700.
LIBRARY	627.	627.
TOTAL TO FORM 990-EZ, LINE 24	354,163.	353,427.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	. Schedule O (Fo	rm 990 or 990-EZ) (2012)

# SCHEDULE O

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

(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.

OMB No 1545-0047 **2012**Open to Public Inspection

Department of the Treasury ➤ Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization **Employer identification number** INSTITUTE FOR REGIONAL EDUCATION 85-0226484 FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: FILM PROJECTS, DOCUMENTARY FILMS, WORLD-WIDE DISTRIBUTION, DEVELOPMENT AND DISSEMINATION OF MEDIA AND EDUCATIONAL MATERIALS, WITH AUDIENCES ESTIMATED IN THE TENS OF THOUSANDS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

# INSTITUTE FOR REGIONAL EDUCATION

EIN: 85-0226484

Form 990-EZ; FYE 30 April 2013

Schedule C, Page 2, Part II-A

Part IV, Supplemental Information

<u>Totals</u>	0	0	0	66,918	66,918	13,384	3,346	0	0
Institute for Regional Education PO Box 2404 Santa Fe NM 87504 EIN: 85-0226484	0	0	0	36,872	36,872				
Fund for Change PO Box 2404 Santa Fe NM 87504 EIN: 86-0884657	0	0	0	30,046	30,046				
<u>Limits on Lobbying Expenditures</u>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	Total lobbying expenditures to influence a legislative body (direct lobbying)	Total lobbying expenditures (add lines 1a & 1b)	Other exempt purpose expenditures	Total exempt purpose expenditures (add lines 1c & 1d)	Lobbying nontaxable amount	Grassroots nontaxable amount (enter 25% of line 41)	Subtract line 1g from line 1a. Enter -0- if line 1g is more than 1a	Subtract line 1f from line 1c. Enter -0- if line 1f is more than line 1c
Limit	1a.	1b.	1c.	1d.	le.	1f.	1g.	1h.	11:

(1) Fund for Change has a December 31st year end while Institute for Regional Education (IRE) has an April 30th year end. This schedule is based on a calendar year with the information for IRE based on the period January 1 through December 31, 2012. (2) Both organizations have made the IRC§501(h) lobbying election on Form 5768. Preparation Notes: