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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginning	04-01-2013 , 2013, and ending 03	-31-2014		
B Che	eck if a	applicable	C Name of organization INSTRUCTIONAL TELECOMM FOUNDA	ATION INC		D Employer i	dentification number
☐ Add	lress c	change		TION INC		84-09430	35
┌ _{Nar}	ne ch	ange	Doing Business As VOQAL USA				
┌ Init	ıal ret	um	Number and street (or P O box if ma	ail is not delivered to street address) Room/	suite	E Telephone n	ımher
┌ Ter	mınat	ed	PO BOX 6060	1		·	
┌ Am	ended	l return	City or town, state or province, coun	try, and ZIP or foreign postal code		(303) 532	-2852
┌ App	olicatio	n pending	BOULDER, CO 803066060			G Gross receip	rs \$ 6 695 377
			F Name and address of prin	cipal officer	H(a) I	s this a group retu	
			JOHN SCHWARTZ			ubordinates?	⊤Yes F No
			PO BOX 6060 BOULDER, CO 803066060				F., F.,
						Are all subordinate ncluded?	s
I Tax	x-exe	mpt status	501(c)(3)	nsert no) 4947(a)(1) or 527			st (see instructions)
J W	ebsit	: e: ► W	WW ITFITV ORG		H(c)	Group exemption r	number ►
			n		1	of formation 1983	M State of legal domicile CO
	n or o rt I		imary	Other F	L Year	or formation 1983	M State of legal domicile CO
ı u			describe the organization's missio	n or most significant activities			
	*		HEDULE O	n or most significant activities			
፠							
Ĕ							
Ê		Charlet			d . 6	2.50/	
Governance		Check	ms box 🖣 — if the organization dis	continued its operations or disposed	i oi more th	an 25% or its net	assets
တ္ သ	3	Number	of voting members of the governi	ng body (Part VI, line 1a)		з	4
Activities &				f the governing body (Part VI, line 1			
Ě			· -	alendar year 2013 (Part V, line 2a)	•		
ŧ				ecessary)			
⋖				ort VIII, column (C), line 12			
	l			om Form 990-T, line 34		71	
	-			,		Prior Year	Current Year
	8	Conti	ibutions and grants (Part VIII, lir	e 1 h)		0	0
횰	9		- '	ne 2g)	•	143,901	91,352
Rayenue	10	_			391,736	-7,941,094	
Ž.	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2,857,339	2,924,842
	12			(must equal Part VIII, column (A), li	ne -	2,001,003	
			<u> </u>			3,392,976	-4,924,900
	13	Grant	s and similar amounts paid (Part :	IX, column (A), lines 1-3)		1,422,855	1,644,769
	14	Bene	its paid to or for members (Part I)	K, column (A), line 4)		0	0
ø	15			e benefits (Part IX, column (A), lines	;	468,502	341,642
Expenses	16-	5-10	•	actions (A) line (1.1 a)		408,302	341,042
<u>क</u>	16a			column (A), line 11e)	•	0	<u> </u>
五	b		undraising expenses (Part IX, column (D)	· · ·		1 022 500	766 222
	17			nes 11a-11d, 11f-24e)		1,022,599	766,233
	18			t equal Part IX, column (A), line 25)		2,913,956	2,752,644
	19	ĸeve	iue iess expenses. Subtract line 1	.8 from line 12	<u> </u>	479,020	-7,677,544
Net Assets or Fund Balances					Begii	nning of Current Year	End of Year
2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20	Total	assets (Part X, line 16)			24,655,919	28,138,718
4.2 4.3	21					599,203	304,346
žĒ	22	Neta	ssets or fund balances Subtract I	ine 21 from line 20		24,056,716	27,834,372
Par	t II		nature Block				
Unde	rpen	alties of	perjury, I declare that I have exa	mined this return, including accompa	anying sche	edules and statem	ents, and to the best of
				plete Declaration of preparer (other	than office	r) ıs based on all ıı	nformation of which
prepa	rer h	ias any k	nowledge				
		l L	***			12045 25	
C: -		*** Sign	*** ature of officer			2015-02-20 Date	
Sign Here		'					
	-		M MILLER SECRETARY e or print name and title				
			Print/Type preparer's name	Preparer's signature	Date	Check If PTIN	<u> </u>
Paid	4		MICHAEL M FIELD CPA JD	<u> </u>		self-employed P00	746041
Pre			Firm's name F CBIZ MHM LLC			Firm's EIN ► 34-185	4260
Use	•		Firm's address 🕨 8181 E TUFTS AVENUE	SUITE 600		Phone no (720) 200	-7000
USE	. UI	iiy				ı ' ' ' '	

DENVER, CO 80237

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Form	n 990 (2013)					Page
Par		nt of Program Serv			III	ন
1	Briefly describe t	he organization's missior	ı			
SEE	SCHEDULE O					
2	Did the organizati the prior Form 99		ant program se		r which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O			
3		on cease conducting, or i			nducts, any program	✓ Yes No
	If "Yes," describe	these changes on Scheo	ule O			
4	expenses Section) organization:	s are required to repor	ree largest program services, as t the amount of grants and alloca	•
4a	(Code) (Expenses \$	356,145	ıncludıng grants of \$	0) (Revenue \$	3,694)
					SECONDARY SCHOOLS THE BROADCAS HE END OF FY 2015 ALL PROGRAMMIN	
	(Code) (Expenses \$	1,891,822	ıncludıng grants of \$	1,644,769) (Revenue \$	0)
	GRANTS IN SUPPOR	T OF THE ORGANIZATION'S PH	ILANTHROPIC VAL	UES		
4 c	(Code) (Expenses \$	0	including grants of \$) (Revenue \$	91,352)
	WAS \$91,876 AND T CITIZEN SCHEDULE	HE PROGRAM EXPENSES WERE	\$524 THE PROG ,512 RESPECTIVE	RAM REVENUE AND EXPENSICLY, NETTING TO A NET LOS	THE PROGRAM REVENUE GENERATED W. SES FLOWING THROUGH TO THE ORGAN IS OF \$(159,085) THE SUM OF THE PRO \$(67,733)	IZATION FROM MOBILE
4d	Other program s (Expenses \$	ervices (Describe in Scholinc	edule O) uding grants o	f \$) (Revenue \$)

2,247,967

Total program service expenses ▶

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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	Yes	
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? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm 99 0	(2013)

αI	Check if Schedule O contains a response or note to any line in this Part V			г
	Check if Schedule O contains a response of note to any fine in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28			
,	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
3	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	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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		N
	If "Yes," enter the name of the foreign country ►			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Ν
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). 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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
ı	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		
	contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	—		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		<u> </u>
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	1		
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		<u> </u>
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	l

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

36	ection A. Governing body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►HAZEL J BOLSOVER 655 SOUTH SUNSET STREET SUITE A LONGMONT, CO 80501 (303) 532-2852

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

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

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

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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	chunicie Highest compensated cui employee	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FRANCES VALDEZ DIRECTOR & TREASURER	2 00	х		х				0	0	0
(2) JAMES TRAYNOR DIRECTOR & VICE PRESIDENT	2 00	Х		х				2,992	0	0
(3) JOHN SCHWARTZ DIRECTOR & PRESIDENT	20 30	х		х				62,430	0	20,783
(4) GARLIN GILCHRIST II DIRECTOR	2 00	х						0	0	0
(5) ADAM MILLER SECRETARY	5 40			х				10,615	0	3,075
(6) PATRICIA DWYER CFO	9 50			х				13,132	0	2,579
(7) HAZEL BOLSOVER BUSINESS MANAGER	14 90				х			26,576	0	4,649
										Form 990 (2013)

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

	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-		(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC) c	organizati relate organiza	ed
												+		
												+		
												+		
												+		
												+		
												4		
												\top		
												\top		
1b	Sub-Total		<u> </u>	٠.	<u>. </u>			 				+		
С	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
d	Total (add lines 1b and 1c) .							Þ		115,745		0		31,086
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	ed more th	an			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>									t compen	sated employee			
4										mnone-t	on from the	3		No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum lizations greater	than \$:	150,0	000	пре ? <i>If</i> •	"Yes," (n and comp	lete Sched	ule I for s	uch	4		No
5	Did any person listed on line 1										or individual for			
	services rendered to the organ	nization? <i>If "Ye</i> s	," compl	ete S	chea	lule 3	for su	ch pe	erson .			5		No
	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
	N	(A) lame and business	address						-	Des	(B) cription of services		(C Comper	
NELSO	NELSON CAPITAL MANAGEMENT 1860 EMBARCADERO RD PALO ALTO CA 94303 INVESTMENT									二	100,435			
												\dashv		
												コ		

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 🕦

		Check if Schedu	ule O contains a respor	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s છ	1a	Federated camp	paigns 1a					
ant und	ь	Membership du	es 1b					
Gra no	c	Fundraising ave	ents 1c					
Š.	`							
Giff Iar	d	Related organiz	rations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) 1e					
ion I Si	f		ons, gifts, grants, and 1f			i	i	
tributio Other		sımılar amounts no				ļ		
ijŏ	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f					
				Business Code				
JII e	2a	MOBILE CITIZEN IN	ICOME	900099	91,352	91,352		
ieve:	b	- TOBIEL CITIZEN IN		900099	91,332	91,332		
2 <u>2</u>								
Program Serwoe Revenue	С							
Ser	d							
E	e							
aBo	f	All other progra	im service revenue					
査	g	Total. Add lines	s 2a – 2f	🕨	91,352			
	3		ome (ıncludıng dıvıden		451,319			451,319
	_		ar amounts) stment of tax-exempt bond		431,313			431,313
	4 5		·	proceeds	3,073,985			3,073,985
	3	Royalties	(ı) Real	(II) Personal	3,0,3,303			3,013,303
	6a	Gross rents	(I) Keal	(II) F ersonar				
		Less rental						
	_	expenses Rental income						
		or (loss)						
	d	Net rental incor	me or (loss)	· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount	(ı) Securities	(II) Other				
	/ a	from sales of	3,227,864					
		assets other than inventory						
	ь	Less cost or other basis and	11,619,917	360				
		sales expenses Gain or (loss)	-8,392,053	-360				
	C d		s)		-8,392,413			-8,392,413
	8a	Gross income fi	i	· · · · •	0,032,113			3,332,113
<u>ə</u>	••	events (not inc						
Other Revenue		\$ of contributions See Part IV , lin						
<u> </u>	L	Loca direct	a penses b					
₹			loss) from fundraising	events 🛌				
_			rom gaming activities					
	b	Less direct ex	a penses b					
	С		loss) from gaming acti	vities				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	Less cost of a	oods sold b					
			(loss) from sales of inve	entory 🛌		İ		
		Miscellaneous		Business Code		<u> </u>		
	11a	K-1 EBS SUPP	ORT SERVICES	561000	6,248	1	6,248	
	ь	MISCELLANEC	OUS REVENUE	900099	3,694	3,694		
	С	K-1 MOBILE C	-	900099	-159,085	-159,085		
	d		ue					
	e		s 11a-11d		440.445			
	12		See Instructions .	<u>.</u>	-149,143			
	I -			•	-4,924,900	-64,039	6,248	-4,867,109

Part IX Statement of Functional Expenses

ection $501(c)(3)$ and $501(c)(4)$	\ organizations must complete all columns	All other organizations must complete column (A

0000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 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 organizations in the United States See Part IV, line 21	1,612,769	1,612,769		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	32,000	32,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	32,333	32,555		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	155,055		155,055	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	122,023	101,338	20,685	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	38,738	15,200	23,538	
10	Payroll taxes	25,826	10,134	15,692	
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,947		2,947	
c	Accounting	18,450		18,450	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	107,493		107,493	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	174,402	174,402		
12	Advertising and promotion	8,191	8,191		
13	Office expenses	77,589	,	64.255	
		<u> </u>	13,334	64,255	
14 15	Information technology	46,344	46,344		
15	Royalties	00.403	50,000	24.652	
16	Occupancy	80,483	58,830	21,653	
17	Travel	70,874	39,258	31,616	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,737	711	4,026	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,362		1,362	
23	Insurance	14,234		14,234	
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 O)				
а	OPPORTUNITY RESEARCH &	82,988	82,988		
b	PROGRAM ACQUISITION & L	42,750	42,750		
c	DUES & SUBSCRIPTIONS	21,061	29	21,032	
d	CURRICULUM	9,689	9,689		
e	All other expenses	2,639		2,639	
25	Total functional expenses. Add lines 1 through 24e	2,752,644	2,247,967	504,677	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)				

Part X Balance Sheet

	ťΧ	Check if Schedule O contains a response or note to any line in th	ıs Part	х			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			537,226	1	42,564
	2	Savings and temporary cash investments			2,763,659	2	2,910,240
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			80,314	4	299,468
	5	Loans and other receivables from current and former officers, divided the series of th	Part I	I of		5	
Assets	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$ employers and sponsoring organizations of section $501(c)(9)$ vobeneficiary organizations (see instructions) Complete Part II of), and o	contributing y employees'		6	
88	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			56,184	9	1,882
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	67,465			
	Ь	Less accumulated depreciation	10b	63,230	5,944	10c	4,235
	11	Investments—publicly traded securities	15,423,371	11	19,965,862		
	12	Investments—other securities See Part IV, line 11	2,750,000	12	1,700,000		
	13	Investments—program-related See Part IV, line 11			3,039,221	13	3,214,467
	14	Intangible assets		_		14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			24,655,919		28,138,718
	17	Accounts payable and accrued expenses			289,269	17	304,346
	18	Grants payable				18	<u> </u>
	19	Deferred revenue			309,934	19	0
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
Liabilities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualific	rs, trus				
졅		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	X of S	chedule		-	
	٦,	D			599,203	25	304,346
	26	Total liabilities. Add lines 17 through 25			399,203	26	304,340
Š	27	Unrestricted net assets			24,056,716	27	27,834,372
<u>ନ</u>	28	Temporarily restricted net assets		•	24,000,710	28	27,004,072
<u>aa</u>	29	Permanently restricted net assets		•		29	
Fund Balance	29					29	
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	·	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Ř	33	Total net assets or fund balances		•	24,056,716	33	27,834,372
	34	Total liabilities and net assets/fund balances			24,655,919	34	28,138,718

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-4,9	24,900
2	Total expenses (must equal Part IX, column (A), line 25)	2		2 7	752,644
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				577,544
5	Net unrealized gains (losses) on investments	5			956,716 155,200
6	Donated services and use of facilities	6			,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		27,8	334,372
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ┌
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2с		No
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493051008125

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990. 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 ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** INSTRUCTIONAL TELECOMM FOUNDATION INC 84-0943035 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 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 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? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		List in Dank IV as			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B	Complete if the organization is exempt under section 501(c)(3) are filed Form 5768 (election under section 501(h)).	nd has I	NOT				
For each "Vec" recognice to lines 1s three		1 1					(b)	
activ		response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying	<i>'</i>	Yes	No	4	Mour	nt
1	legislati	he year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendu the use of	m,					
а	Volunte		L			_		
b c		ff or management (include compensation in expenses reported on lines 1c through 1i)? dvertisements?	-			+		
d	Mailings	to members, legislators, or the public?						
e	Publicat	ions, or published or broadcast statements?						
f	Grants t	o other organizations for lobbying purposes?						
g	Direct c	ontact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Otherad	ctivities?						
j	Total A	dd lines 1c through 1i						
2a		activities in line 1 cause the organization to be not described in section 501(c)(3)?						
Ь		enter the amount of any tax incurred under section 4912						
C		enter the amount of any tax incurred by organization managers under section 4912			ı			
d		ing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-011				
Par	t III-A	Complete if the organization is exempt under section $501(c)(4)$, s $501(c)(6)$.	ection :	501(c)(5),	or se	ectio	n
		301(c)(o).					Yes	No
1	Were su	bstantially all (90% or more) dues received nondeductible by members?			ſ	1		
2		organization make only in-house lobbying expenditures of \$2,000 or less?			f	2		
3	Did the	organization agree to carry over lobbying and political expenditures from the prior year?			-	3		
Par	t III-B	Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."						
1		ssessments and similar amounts from members		1				
2		162(e) nondeductible lobbying and political expenditures (do not include amounts of poss for which the section 527(f) tax was paid).	litical					
a	Current	·		2a				
b	•	er from last year		2b				
c	Total	h		2c				
3		ite amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ d		3				
4		es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e organization agree to carryover to the reasonable estimate of nondeductible lobbying a						
		expenditure next year?		4				
5	Taxable	amount of lobbying and political expenditures (see instructions)		5				
Pa	art IV	Supplemental Information						
		descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affile 1 Also, complete this part for any additional information	ated grou	up list),	Part I	I-A,I	ıne 2,	and
	Ret	turn Reference Explanation						
PAR	T I-A, LII	NE 1 THE COMPANY MADE A GRANT TO A 501C4 ORGANIZATI CANDIDATE	ON THA	ТОРРС	SED A	POL	.ITIC	4 L

201124416 3 (1 31111 333 31 333 12) 2313		1 age 1			
Part IV Supplemental Information					
Return Reference	Explanation				
l					

Schedule D (Form 990) 2013

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DLN: 93493051008125

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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. ▶ Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public

Name of the organization INSTRUCTIONAL TELECOMM FOUNDAT:	ION INC		Emp	oloyer identif	ication number	er
				0943035		
	laintaining Donor Advered "Yes" to Form 990	vised Funds or Other Similar F	unds	or Accoun	ts. Comple	te if the
organization answ	<u> </u>	(a) Donor advised funds		(b) Funds an	d other accou	unts
. Total number at end of year						
Aggregate contributions to	(during year)					
Aggregate grants from (duri	ng year)					
Aggregate value at end of y	ear					
		ors in writing that the assets held in do rganization's exclusive legal control?	nor adv	ısed	┌ Yes	┌ No
	poses and not for the bene	onor advisors in writing that grant fund: fit of the donor or donor advisor, or for a			☐ Yes	┌ No
		the organization answered "Yes"	to Forn	n 990, Part	IV, line 7.	
Preservation of land for Protection of natural ha Preservation of open sp Complete lines 2a through	public use (e g , recreation bitat ace 2d if the organization held a	anization (check all that apply) or education)	certifie	d historic str	ucture	
easement on the last day o	the tax year			Uald at t	ha Fud af Aba	. V
a Total number of conservation	on easements		2a	пена ат т	he End of the	теаг
b Total acreage restricted by			2b			
		oric structure included in (a)	2c			
-	sements included in (c) acc	quired after 8/17/06, and not on a	2d			
Number of conservation eas	sements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organizatio	n during	
the tax year ►						
Number of states where pro	narty subject to conservat	ion easement is located ►				
·	a written policy regarding	the periodic monitoring, inspection, har	 ndling of	f violations, a	nd Yes	┌ No
Staff and volunteer hours do	evoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the yea	ar	
A mount of expenses incurr		g, and enforcing conservation easement	ts durin	g the year		
	sement reported on line 2(d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(i) ┌ Yes	┌ No
	ıf applicable, the text of th	nservation easements in its revenue ar e footnote to the organization's financia ents				
		s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Simila	r Assets.	
works of art, historical treas	sures, or other sımılar asse	.16 (ASC 958), not to report in its reve ets held for public exhibition, education, to its financial statements that describe	or rese	earch in furthe		
	sures, or other similar asse	.16 (ASC 958), to report in its revenue ets held for public exhibition, education, e items				lıc
(i) Revenues included in Fo	orm 990, Part VIII, line 1			► \$		
(ii) Assets included in Form	1 990, Part X			► \$		
If the organization received	or held works of art, histor	rical treasures, or other similar assets t 116 (ASC 958) relating to these items				
Revenues included in Form	990, Part VIII, line 1			- \$		
b Assets included in Form 99	0, Part X			- \$		

Par	TITLE Organizations Maintaining Co	<u>llections of Art,</u>	, Histo	ric	al Tr	<u>easur</u>	es, or	Othe	r Similar A	ssets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ched	:k a	ny of t	he follo	wing tha	it are a	significant us	e of its	
а	Public exhibition		d [_	Loan	or exch	ange pro	ograms			
b	Scholarly research		e [_	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	ın how t	hey	furthe	er the or	ganızatı	ion's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	┌ Yes	s 「No
Par	t IV Escrow and Custodial Arrang		•						es" to Form		5 1 140
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions oi	other a	ssets r	not	┌ Yes	s 「No
b	If "Yes," explain the arrangement in Part XII	I and complete the	followin	g ta	ble						
	Bannan a balan a							1c	Α.	mount	
c d	Beginning balance							1d			
e	Additions during the year							1e			
f	Distributions during the year Ending balance							1f			
' 2a	Did the organization include an amount on Fo	orm 990 Dart V line	212							┌ Yes	 s
2a b											· -
	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Complete i										<u>· ' </u>
ГG	Endowment Funds. Complete	(a)Current year	(b) Pr						Three years back	(e) Fou	ır years back
1a	Beginning of year balance										
b	Contributions										
С	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										
2	Provide the estimated percentage of the curi	ent year end balanc	e (line	1g,	colum	n (a)) h	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	_	ation tha	at a	re held	d and ad	lmınıste	red for		-	es No
	(i) unrelated organizations (ii) related organizations		• •	•		• •	• •			(i) (ii)	
ь	If "Yes" to 3a(II), are the related organization								` ' ' ⊢	b	
4	Describe in Part XIII the intended uses of th	· · · · · · · · · · · · · · · · · · ·								I	
Par	t VI Land, Buildings, and Equipme		he org	anı	zatıoı	n answ	ered 'Y	es' to	Form 990, P	art IV	, line
	11a. See Form 990, Part X, line : Description of property	10.	Ī	(a) Cost	or other	(b)Cost	or other	(c) Accumula	ted (c	i) Book value
	2 22 3. property					estment)		(other)	depreciation		,
	Land		.							-+	
	Buildings		`.							\dashv	
	Leasehold improvements		.								
	Equipment		.					67,465	63	,230	4,235
	O + h = m		ŀ				+	-			· · · · · · · · · · · · · · · · · · ·
-	Other		.								

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		cost of end of year market value
(2)Closely-held equity interests		
(3)O ther (A) BO NDS	1,700,000	С
(4) 50 1155	1,700,000	•
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,700,000	
Part VIII Investments—Program Related. Co		answered 'Yes' to Form 990, Part IV, line 110
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INDEPENDENT SPECTRUM, LLC	3,028,049	C
(2) EBS SUPPORT SERVICES, LLC	163,651	С
(3) MOBILE CITIZEN, LLC	22,767	С
Total (column (2) mast equal form 350, fait M, col (2) mile 15 /		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization (a) Descri	n answered 'Yes' to Form 990, ption	(b) Book value
Other Assets. Complete if the organization (a) Descri Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 990, ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Other Liabilities. Complete if the organization (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	n answered 'Yes' to Form 990, ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Other Lyon, and the organization (a) Description (a) Description (b) Must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the organization (a) Description of liability	nanswered 'Yes' to Form 990, ption 5.) nization answered 'Yes' to	(b) Book value

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a.	per R	eturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	6,530,300
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments)	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	11,455,200
3	Subtract line 2e from line 1	3	-4,924,900
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	-4,924,900
Part	Reconciliation of Expenses per Audited Financial Statements With Expense if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1	Total expenses and losses per audited financial statements	1	2,752,644
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,752,644
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	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	2,752,644
Part	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t mation		le any additional
	Return Reference Explanation		
SCHE	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS CONTA POSITION AND A FOOTNOTE WAS NOT PREPARED	ON NIA	UNCERTAIN TAX

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493051008125

2013

OMB No 1545-0047

Schedule I (Form 990)

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

	Comple	te if the organization	answered "Yes," to Form	1 990, Part IV, line 21 or	22.		_		
Department of the Treasury									
Internal Revenue Service	► Informatio	n about Schedule I (Fo	orm 990) and its instruct	ions is at <u>www.irs.gov/</u>	<u>form990</u> .		Inspection		
Name of the organization INSTRUCTIONAL TELECON	AM FOUNDATION INC					Employer identification	on number		
						84-0943035			
Part I General Info	rmation on Grants and	l Assistance							
the selection criteria us Describe in Part IV the	maintain records to substanti sed to award the grants or as organization's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	d States			▽ Yes ┌		
	Other Assistance to Go t IV, line 21, for any recip						es to		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance		
See Additional Data Table	e								
	ection 501(c)(3) and governi	•	ed in the line 1 table.			· · · •	11		

MONITORING THE USE OF

GRANT

(a)Type of grant or assistance

(b)Number of

recipients

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22.
	Part III can be duplicated if additional space is needed.	

(d) A mount of

non-cash assistance

NARRATIVE OF THE WORK THE REPORTS ARE THEN REVIEWED BY ONE OR MORE STAFF MEMBERS OR CONTRACT CONSULTANTS, AND IF

THERE IS ANY DISCREPANCY, THE FINAL PAYMENT WOULD NOT BE MADE UNTIL THE PROBLEM HAS BEEN CORRECTED

(e)Method of valuation (book,

FMV, appraisal, other)

(c)A mount of

cash grant

(1) MEDIA IDEATION FELLOWS		3	32,000						
Part IV Supplemental In	nformat	ion. Provide the infoi	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference	Explanat	tion							
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S SCHEDULE I, PART IV								
	IN THE CASE OF APPLICANTS WITH WHOM THE ORGANIZATION HAS A FORMAL GRANT AGREEMENT, THE AGREEMENT OUTLINES WHEN THE PAYMENTS ARE TO BE MADE AND USUALLY REQUIRES THE GRANTEE TO SUBMIT, IN DETAIL, HOW THEY USED THE FUNDS IN A								

Additional Data

Software ID:

Software Version:

EIN: 84-0943035

Name: INSTRUCTIONAL TELECOMM FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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 COMMUNICATORSFREE SPEECH TV PO BOX 44099 DENVER,CO 802014099	51-0173482	501(C)(3)	550,000				CORE SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BRAVE NEW FILMS 10510 CULVER BLVD CULVER CITY,CA 90232	26-0603427	501(C)(4)	12,600				CORE SUPPORT	

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FREE PRESS ACTION FUND 40 MAIN STREET STE 301 FLORENCE,MA 01062	04-3771598	501(C)(4)	12,600				CORE SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CITIZEN ENGAGEMENT LAB ED FUND 2150 ALLSTON WAY 360 BERKLEY,CA 94704	45-3154473	501(C)(3)	67,600				CORE SUPPORT	

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FAIR 104 WEST 27TH ST SUITE 10B NEW YORK,NY 10001	13-3392362	501(C)(3)	27,000				GENERAL OPERATING SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FOUNDATION FOR NATIONAL PROGRESS 222 SUTTER STREET SUITE 600 SAN FRANCISCO,CA 94121	94-2282759	501(C)(3)	50,000				REPORTING ABOUT DARK MONEY AND THE COURTS	

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TEXANS FOR PUBLIC JUSTICE 609 W 18TH ST E AUSTIN,TX 78701	74-2804942	501(C)(4)	25,100				GENERAL SUPPORT		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROOSEVELT INSTITUTE 570 LEXINGTON AVENUE 5TH FLOOR NEW YORK, NY 10022	23-7213592	501(C)(3)	50,000				A MILLENNIAL MOVEMENT TO RECLAIM DEMOCRACY		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PROTEUS ACTION LEAGUE 15 RESEARCH DRIVE SUITE B AMHERST,MA 01002	22-3888268	501(C)(4)	250,000				RESEARCH	

Form 990,Schedule I, Pai	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEW MEDIA VENTURES VIA THE ADVOCACY FUND 1014 TOMEY AVE SAN FRANCISCO,CA 94129	94-3153687	501(C)(4)	70,000				NEW MEDIA VENTURES CORE SUPPORT		

<u>Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NOT AN ALTERNATIVE 143 NEWELL ST BROOKLYN,NY 11222	20-4018630	501(C)(3)	50,000				THE NATURAL HISTORY MUSEUM		

Form 990,Schedule I, Pai	rt II, Grants an	<u>d Other Assistance</u>	<u>e to Governments</u>	and Organizations	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORGANIZING INSTITUTE 1133 19TH ST NW SUITE 850 WASHINGTON, DC 20036	56-2538200	501(C)(4)	75,000				DIGITAL CAMPAIGNING BOOTCAMP FOR CAMPAIGN FINANCE ORGANIZERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL PEOPLE'S ACTION CAMPAIGN 810 N MILWAUKEE CHICAGO,IL 60642	23-7241567	501(C)(4)	88,000				ONLINE CAMPAIGN AROUND THE CORRUPTING INFLUENCE OF MONEY IN KANSAS POLITICS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MEDIA MOBILIZING PROJECT 4233 CHESTNUT ST PHILADELPHIA,PA 19104	26-0307123	501(C)(3)	40,000				MEDIA			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INTERNATIONAL MEDIA PROJECT MAKING CONTACT 1714 FRANKLIN STREET 100-251 OAKLAND,CA 94612	94-3239511	501(C)(3)	35,000				MEDIA				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOLLABACK INC 30 THIRD AVENUE 800B BROOKLYN,NY 11217	27-3199988	501(C)(3)	20,000				CAMPAIGN AGAINST HARRASMENT			

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ACCESS NOW PO BOX 115 NEW YORK, NY 10113	27-0597430	501(C)(3)	5,000				RIGHTS CON SPONSORSHIP				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COLOR OF CHANGE 49 WEST 38TH ST 14TH FLOOR NEW YORK, NY 10018	20-4496889	501(C)(4)	12,600				CORE SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMON CAUSE EDUCATION FUND COMMON CAUSE HAWAII 1133 19TH ST NW 9TH FLOOR WASHINGTON, DC 20036	31-1705370	501(C)(3)	52,000				CIVIC CELERATOR		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PROTEUS ACTION LEAGUE 15 RESEARCH DRIVE SUITE B AMHERST,MA 01002	22-3888268	501(C)(4)	50,000				GENERAL SUPPORT			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PROTEUS ACTION LEAGUE 15 RESEARCH DRIVE SUITE B AMHERST,MA 01002	22-3888268	501(C)(4)	25,000				RESEARCH BY STRATEGIC SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOLLABACK INC 30 THIRD AVENUE 800B BROOKLYN,NY 11217	27-3199988	501(C)(3)	30,000				INNOVATION CHALLENGE			

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DLN: 93493051008125

OMB No 1545-0047

Transactions with Interested Persons Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

► Complete if the organization answered

Open to Public Inspection

Name of the or INSTRUCTIONAL T		NDATION INC	С						Employ	er ident/	tificatio	n numbe	er
Part I Exce	oss Bonof	it Trans	actio	one (socti	on 501/c)/	3) and sectio	n 501/c)//)			43035	١		
						0, Part IV, line						40b	
	e of disquali					n disqualified				nsaction		(d) Cor	rected?
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2 Enterthe a	amount of tax	x incurred	by or	ganızatıon	managers or	disqualified pe	rsons during	the yea	r unde	rsectio	n		
4958 .										> \$			
3 Enterthe a	amount of tax	x, ıf any, o	n lıne	2, above, i	reimbursed b	y the organizat	ion			> \$			
					d Persons		/ luna 20a	0	. O O D	 T . / . l.	26	6	
						990-EZ, Part \ line 5, 6, or 22		Form 9	90, P	art IV , II	ine 26, i	orifthe	
(a) Name of	(b)		a1110u c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i)Wr	utten
interested	Relationsh	1 .	•	` '		principal	due	defaul		Approv	/ed	agreer	
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						ed Persons. Form 990, P	art IV line	27					
(a) Name of Ir	<u> </u>					nt of assistance) Durne	f	
perso				nip betweer son and the		int of assistant	e (a) ryp	e or ass	istani	.e (e	Purpos	se or ass	sistance
perso	··		ganıza		-								
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					+								

Part IV Business Transactions I Complete if the organization			e 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sha of organiz revent	f zatıon'	5
				Yes	No	
(1) EBS SUPPORT SERVICES LLC	KEY EMPLOYEES	· · · · · · · · · · · · · · · · · · ·	REIMBURSEMENT FOR SHARED COSTS		No	
						_
						_
						7

Part V Supplemental Information

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

Provide additional information for responses to questions on Schedule L (see instructions)							
Return Reference	Explanation						
SCHEDULE L PART IV	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 FOUR KEY EMPLOYEES OF EBS SUPPORT SERVICES DEVOTE PART OF THEIR TIME TO ITF BUSINESS JOHN SCHWARTZ, ADAM MILLER, HAZEL BOLSOVER, 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 TOTAL AMOUNT PAID TO EBS SUPPORT SERVICES \$419,068 KEY EMPLOYEE COMPENSATION 155,055 OTHER EMPLOYEE SALARIES 118,502 EMPLOYEE BENEFITS & PAYROLL TAX 64,565 OTHER OPERATING EXPENSE 59,293 RENT 21,653						

Schedule L (Form 990 or 990-EZ) 2013

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As Filed Data -

DLN: 93493051008125

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization INSTRUCTIONAL TELECOMM FOUNDATION INC	Employer identification number
Monte of the Felle of the Food Marian Inc	84-0943035

Return Reference	Explanation
FORM 990, PART I, LINE 1	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

Return Reference	Explanation
FORM 990, PART III, LINE 3	THE BROADCAST ANTENNAS WERE DE-INSTALLED IN MOST MARKETS IN FISCAL YEAR 2014 ALL ANTENAS WILL BE DE-INSTALLED BY THE END OF FY 2015 ALL PROGRAMMING IS NOW AVAILABLE OVER THE INTERNET

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT OF THE CORPORATION MAY DESIGNATE UP TO TWO DIRECTORS

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY THE 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

Return Reference	Explanation
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 REWOVAL FROM THE BOARD OR THEIR POSITION WITHIN THE ORGANIZATION

Return Reference	Explanation
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 STATE NONPROFIT ORGANIZATION'S 2012 SALARY SURVEY TOP POSITIONS WERE ALSO COMPARED TO DATA IN GUIDESTAR'S COMPENSATION REPORT RELEASED IN SEPTEMBER 2012 IN ADDITION SALARIES WERE ALSO REPORTED ON FORM 990 FOR THE LAST THREE YEARS THIS REPORT AND SUPPORTING DOCUMENTATION WAS REVIEWED IN DEPTH BY THE OVERSIGHT COMMITTEE WHICH SUMMARIZED ITS REVIEW TO ALL OF THE BOARDS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART VII, SECTION A	EBS SUPPORT SERVICES, LLC (D/B/A VOQAL) IS OWNED BY FIVE MEMBERS WHICH ARE ALL NONPROFIT ORGANIZATIONS ITF IS A MEMBER OF VOQAL AND HAS AN 39 47% INTEREST VOQAL WAS CREATED FOR THE PURPOSE OF LEASING PERSONNEL AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMBERS CERTAIN DIRECTORS AND OFFICERS, INCLUDING THE ONES LISTED ABOVE IN PART VII, SECTION A, WORK WITH VOQAL TO PROVIDE THEIR SERVICES TO VOQAL'S MEMBERS AND OTHER COMPANIES THE MEMBERS JOINTLY OWN ITF REIMBURSES VOQAL FOR THE PERSONNEL COST OF THE DIRECTORS AND OFFICERS THE AMOUNTS LISTED ABOVE INCLUDES COMPENSATION PAID TO THESE DIRECTORS AND OFFICERS SIGNIFICANT CHANGES IN HOW WE CONDUCT AND DELIVER PROGRAM SERVICES HAVE BEEN MADE THE BROADCAST ANTENNAS WERE DE-INSTALLED IN MOST MARKETS IN FISCAL YEAR 2014 ALL ANTENAS WILL BE DE-INSTALLED BY THE END OF FY 2015 ALL PROGRAMMING IS NOW AVAILABLE OVER THE INTERNET

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DLN: 93493051008125

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

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

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

Department of the Treasury Internal Revenue Service Name of the organization

INSTRUCTIONAL TELECOMM FOUNDATION INC

(Form 990)

				84-09430	35			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" o	n Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dı	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations Complete ıf e tax year.	the organization ai	nswered "Yes"	on Form 990, Pa	art IV, l	line 34 because it	: had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	(e) Public charity: (if section 501)	y status 1(c)(3))	(f) Direct controlling entity	Section 512(t (13) controlle entity?	
							+	
							+	
							+	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	m 990) 2	2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end- of-year assets	(h Disprop allocati	rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) INDEPENDENT SPECTRUM PO BOX 6060 BOULDER, CO 803066060 41-2183115	EDUCATION	СО		EXCLUDED FROM TAX	1,237,146	3,028,049		No			No	63 600 %
(2) PUBLIC TV FINANCING LLC PO BOX 6060 BOULDER, CO 803066060 36-4701944	EDUCATION	СО		EXCLUDED FROM TAX				No			No	63 600 %
(3) FREE SPEECH MEDIA LLC PO BOX 6060 BOULDER, CO 803066060 84-1300168	SERVICES	CO	N/A	UNRELATED				No	-6,725		No	66 230 %

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

	_				
	No	<u> </u>			
(i) Section 512 (b)(13) controlled entity?	Yes				
(h) Percentage ownership					
(g) Share of end- of-year assets					
(f) Share of total Income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Yes No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	iring the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
е	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1 g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1р		No
q	Reimbursement paid by related organization(s) for expenses				1 q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet	, , , , , , , , , , , , , , , , , , , 					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved	
1) FF	EE SPEECH MEDIA LLC - CONTRIBUTION	В	9,500	ВООК			
			<u> </u>				

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

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

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
												\Box	
	•												

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013