

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



DLN: 93493046037967

OMB No 1545-0047

Department of the Treasury

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

▶ Information about Form 990 and its instructions is at www.irs.gov/foim990

Return of Organization Exempt From Income Tax

Interna	al Revenue Servi	ce					
A F	or the 2015 ca	lendar year, or tax year begin	nning 04-01-2015 , and ending 03-31-2	016			
	eck if applicable ddress change ame change	C Name of organization INSTRUCTIONAL TELECOMMUNIC FOUNDATION INC	CATIONS			oyer ide 94303	entification number
<u> </u>	itial return	Doing business as VOQAL USA					
Fı return,	nal /terminated	Number and street (or P O box PO BOX 6060	If mail is not delivered to street address) Room,	suite		one num	
<u> </u>	nended return plication pending		country, and ZIP or foreign postal code		(303) 532-2	2852
Ap	plication pending	BOULDER, CO 803066060	country, and 21 or foreign postar code		G Gross	receipts	\$ 7,385,646
		F Name and address of prin	ncıpal officer	H(a) I	s this a grou	return	n for
		JOHN SCHWARTZ PO BOX 6060		9	subordinates? No	1	⊤ Yes ✓
	x-exempt status	BOULDER, CO 80306606			Are all subord ncluded?	ınates	□Yes □ No
- 1 W	ehsite: > \//\/	501(c)(3)) ◀ (insert no) 4947(a)(1) or 527			n a list	(see instructions)
					Group exemp		mber ► State of legal domicile Co
K Forr	n of organization	✓ Corporation Trust Ass	ociation Other >	L rear	or formation 1	963 M	State of legal domicile Co
Pa	_	mary	ion or most significant activities	•			
Governance	RESPECT SUPPORT EDUCATO PROVIDE FORMAL BE A POP EXPAND ALTERNA	TVELY, OF THE INTERNAL F THE PROVISION OF QUAL DRS AND STUDENTS, INCLU D TO ACCREDITED EDUCA EDUCATION OF ENROLLED PULAR DEMOCRATIC CHEC THE DISSEMINATION OF M	FARE" PURPOSES WITHIN THE MEAN REVENUE CODE TO THIS END, THE NITY AND DIVERSE INSTRUCTIONAL JUING, BUT NOT LIMITED TO, DATA TO NAL INSTITUTIONS AND GOVER STUDENTS FOSTER OPEN, HONEST KON BOTH GOVERNMENT POWER AND EDIA, AND POINTS OF VIEW CARRIEST STRUCTIVE INFORMATION AND COTS, ENGAGE IN ADDI	IONPROFI MEDIA CO SERVICES NMENTAL AND OUT ID CONCE ED BY THE	T SHALL UNI DNTENT AND AND INSTR ORGANIZA ⁻ SPOKEN MEI NTRATED PF M, THAT OFF	DERTAI OCAPA UCTIO FIONS DIA TH RIVATE ER DIS	KE ACTIVITIES TO BILITIES TO NAL VIDEO ENGAGED IN THE AT HELP USERS TO E PRIVILEGE, SSENTING,
×.							
Miles	2 Check th	us box ▶ ┌ If the organization	n discontinued its operations or dispose	d of more tl	nan 25% of it	s net a	ssets
Activities &	3 November	·	annon a la distribuit NE luna da N			اما	
•		3	erning body (Part VI, line 1a) rs of the governing body (Part VI, line 1			3	3
			in calendar year 2015 (Part V, line 2a)	,		5	0
		•	If necessary)			6	
			n Part VIII, column (C), line 12 from Form 990-T, line 34			7a 7b	25,373
					Prior Year		Current Year
<u>o</u> i			I, line 1h)		1.1	204	9,311
Ravenue	1	•	I, line 2g)		1,082	,394	729,275
æ		•	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,147	_	3,153,937
	12 Total 12)	revenue—add lines 8 through	11 (must equal Part VIII, column (A), I	ıne	4,241	,136	3,892,523
	13 Grants	s and sımılar amounts paıd (P	art IX, column (A), lines 1-3)		2,245	,724	2,391,001
			rt IX, column (A), line 4)			_	
8	15 Saları 5-10		oyee benefits (Part IX, column (A), line	°	385	,082	2,228
Expenses			IX, column (A), line 11e)	•			
ď		indraising expenses (Part IX, columr expenses (Part IX, column (A	(D), line 25) \triangleright_{0}^{0}		615	,901	1,330,683
			must equal Part IX, column (A), line 25		3,246		3,723,912
. 40	19 Reven	ue less expenses Subtract li	ne 18 from line 12	-	994	,429	168,611
ance.				Beginn	ing of Current	Year	End of Year
Asse Bak					29,753		29,570,832
Net Assets or Fund Balances		, , ,	act line 21 from line 20		828 28,925		876,234 28,694,598
Pai	t III Sign	ature Block		-		' - ·	
my kı		belief, it is true, correct, and o	examined this return, including accomp complete Declaration of preparer (other				
	****	ature of officer			2017-02-14 Date		
Sign Here		M MILLER COO/SECRETARY			Date		
	Туре	or print name and title	T				
Paid	l s	Print/Type preparer's name ROBERT E FABRY CPA	Preparer's signature ROBERT E FABRY CPA	Date 2017-02-14	Check If self-employed	PTIN P0075	7821
	parer 📙	irm's name ► BAUERLE AND COM		1	Fırm's EIN ► 8	34-08178	
	Only	Firm's address ► 7887 E BELLEVIEW	AVE STE 700		Phone no (30	3) 759-0	089

) (Revenue \$

including grants of \$

2.779.020

4d

(Expenses \$

Total program service expenses ▶

Par	t 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		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part III 💆	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			
	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	
	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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c	Yes	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
	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? If "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? If "Yes," complete Schedule G, Part II	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
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 domestic 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 or for domestic individuals 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? If "Yes," complete Schedule J	23	Yes	
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		
С	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), 501(c)(4), and 501(c)(29) 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, Pait 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 "Yes," 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	28 a		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
С	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>	28 c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36

37

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Yes

Νo

Νo

Νo

33

34

35a

35b

36

37

38

Yes

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		eneak it seneate a contains a response of note to any line in this	· ui c	<u> </u>		Yes	No.
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	16			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ne organization comply with backup withholding rules for reportable payments to	vend	fors and reportable			
٠		ig (gambling) winnings to prize winners?		· · · · · ·	1 c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	0			
.	,	s return			2b		
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	year ⁷	3a	Yes	
ь	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		No
b		int)?					NO
b	If "Ye	s," enter the name of the foreign country mathematical the foreign country mathematical the foreign bank for Fince Form 114, Report of Foreign Bank for Fince	and	Einancial Accounts			
	(FBAF		anu	i manerar Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
		<u></u>			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6 b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contributions provided to the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	Ifthe	organization received a contribution of qualified intellectual property, did the o	rganız	zation file Form 8899 as			
	requir				7 g		
h	Form	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, did 1	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	siness	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966			9a		
		ie sponsoring organization make a distribution to a donor, donor advisor, or rela		erson ⁷	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 \cdot . $$. $$	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Ye	s," enter the amount of tax-exempt interest received or accrued during the	, ,				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.	12b				
а		e organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	١				
	ın whi	ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	тт "Үе	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Scheaule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.	See ii	nstructions.		Ob belo	w,
So	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management	• •		•		
30	ction A. Governing body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		1.00	
	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	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3	Yes	
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	even	ue Coa	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Nο

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Nο **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 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Nο Did the organization have a written document retention and destruction policy? 14 Νo 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? a The organization's CEO, Executive Director, or top management official . . . 15a Nο 15b Nο 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 16a Νo **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 Section C. Disclosure

Section C. Disclosure 17 List the States with which a

L7 List the States with which a copy of this Form 990 is required to be filed ► C

8 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)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

►BECKY SCHOTT 825 DELAWARE AVENUE SUITE 500 LONGMONT, CO 80503 (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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than son is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
1) JOHN SCHWARTZ DIRECTOR & P	22 00	×		x				0	158,649	40,38
2) JAMES TRAYNOR DIRECTOR & V	2 00	х		х				1,386	0	ı
(3) FRANCES VALDEZ DIRECTOR & T	1 00	x		х				421	0	!
4) GARLIN GILCRIST II DIRECTOR	1 00	×						421	0	ı
5) ADAM MILLER COO/SECRETAR	4 00			х				0	119,424	26,12
(6) PATRICIA DWYER	9 50 40 50			х				0	98,642	13,68

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one l both	box, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b							. •				
c d	Total from continuation sl Total (add lines 1b and 1c	•			٠.	٠.			2,228	376,715	80,195
2	Total number of individuals \$100,000 of reportable co	s (including but not	lımıted	to the	ose I	lıste	d abov	e) wl	ho received more th	han	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EBS SUPPORT SERVICES LLC, PO BOX 6060 BOULDER, CO 80306	MGMT SUPPORT	543,548
NELSON CAPITAL MANAGEMENT, 950 TOWER LANE 15TH FLOOR FOSTER CITY, CA 94404	INVESTMENT	125,114
DAY PITNEY LLP, 1 JEFFERSON RD 1 PARSIPPANY, NJ 07054	LEGAL SERVICES	103,600

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 3

Form 99								Page 9
Part V	Ш	Statement o						
		Check If Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated camp	paigns 1a					
ant un	ь	Membership du	es 1b					
Grants Amounts	с	Fundraising eve	ents 1c					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
E	e	Government grants	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f	9,311				
tributio Other		similar amounts no						
	g	1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f	· · · •	9,311			
ı				Business Code				
Program Service Revenue	2a	_						
æ	ь							
¥ C€	С							
3	d							
ran	e f	All other progra	ım service revenue					
t og	'							
	g 3		s 2a-2f					
	3		ome (including dividend ar amounts)		675,417			675,417
	4	Income from inves	tment of tax-exempt bond p	proceeds	2 522 772			2 400 770
	5	Royalties	(1) P!	(v) Para anal	3,622,752			3,622,752
	6a	Gross rents	(ı) Real	(II) Personal				
		Less rental						
	b	expenses						
	C	Rental income or (loss)						
	d	Net rental incor						
	7a	Gross amount from sales of assets other	(i) Securities 3,546,981	(II) Other				
	ь	Less cost or other basis and	3,489,431	3,692				
	С	sales expenses Gaın or (loss)	57,550	-3,692				
	d	Net gain or (los	s)		53,858			53,858
Other Revenue	8a	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding s reported on line 1c)					
her	L	1 oo	a					
ŏ	C		penses b [loss) from fundraising e	events >				
	9a		rom gaming activities	<u>, </u>				
	ь	Less directexi	penses b					
	l		loss) from gaming activ	vities				
	10a	Gross sales of i	inventory less	-				
		returns and allo	owances . a					
	b	Less cost of go	L	untory				
	С	Miscellaneous	loss) from sales of inve	Business Code				
	11a		ORT SERVICES	561000	30,373		30,373	
	ь	K-1 FREE SPEE		512000	-5,000		-5,000	
	с	K-1 MOBILE C		900099	-494,188	-494,188		
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	•	-468,815			
	12	Total revenue.	See Instructions	· · · •	3,892,523	-494,188	25,373	4,352,027

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	Section 501(c)	1(3) and 501(c)(4) organizations must com-	plete all columns All other	er organizations must com	plete column (
---	----------------	-------------------	---------------------------	-----------------------------	---------------------------	----------------

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

	Γ				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,271,001	2,271,001		
2	Grants and other assistance to domestic individuals See Part IV, line 22	120,000	120,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	2,228		2,228	
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				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Food for convices (non-employees)				
11	Fees for services (non-employees)	555.044	167.010	200 024	
a	Management	556,941	167,010	389,931	
b	Legal	286,814		286,814	
C A	Accounting	23,250		23,250	
d e	Lobbying				
f	Investment management fees	124,528		124,528	
, g	Other (If line 11q amount exceeds 10% of line 25, column (A)	124,328		124,326	
_	amount, list line 11g expenses on Schedule O)	139,493	135,594	3,899	
12 13	Advertising and promotion	9.412	4,167	4 245	
14	Office expenses	8,412 509	4,167	4,245 84	
15	Royalties	63,600	423	63,600	
16	Occupancy	03,000		03,000	
17	Travel	56,772	32,973	23,799	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,772	32,373	23,733	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	181	181		
23	Insurance	10,650		10,650	_
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	DUES AND SUBSCRIPTIONS	21,743	20,175	1,568	
b	PROGRAM ACQUISITION	14,088	10,858	3,230	
c	SPONSORSHIP FEES	11,740	11,740		
d	MISCELLANEOUS	4,650	331	4,319	
е	All other expenses	7,312	4,565	2,747	
25	Total functional expenses. Add lines 1 through 24e	3,723,912	2,779,020	944,892	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)				

Dart Y	Ralance	Chaat
--------	---------	-------

orm s	990 (2	2015)			Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X $$. $$.			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	351,541	1	722,038
	2	Savings and temporary cash investments	3,503,721	2	1,936,477
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	17,066	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
AS.	7	Notes and loans receivable, net		7	
	8			8	
	9	Inventories for sale or use	9,963	9	2,337
	10a	Prepaid expenses and deferred charges	9,900	9	2,007
	ь	Less accumulated depreciation 10b 5,702	3,873	10 c	
	11	Investments—publicly traded securities	21,307,273	11	22,235,449
	12	Investments—other securities See Part IV, line 11	1,050,000	12	750,000
	13	Investments—program-related See Part IV, line 11	3,510,525	13	3,924,531
	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)	29,753,962	16	29,570,832
	17	Accounts payable and accrued expenses	90,161	17	119,520
	18	Grants payable	494,370	18	435,369
	19	Deferred revenue	243,600	19	321,345
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
Ë	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 related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
	3.	Tabel Habilities Add Inno 17 through 25	828,131	25	070.004
	26	Total liabilities. Add lines 17 through 25	020, 131	26	876,234
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>an</u>	27	Unrestricted net assets	28,925,831	27	28,694,598
မ်ိ	28	Temporarily restricted net assets		28	
ב	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
its:	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	28,925,831	33	28,694,598
	34	Total liabilities and net assets/fund balances	29,753,962	34	29,570,832
			· · · · · · · · · · · · · · · · · · ·		Form 990 (2015)

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both

Schedule O

Schedule O

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

Both consolidated and separate basis

Cash ✓ Accrual Other

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Νo

Nο

Form 990 (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493046037967

Open to Public Inspection

Na INS	mal Revenue Service mme of the organization STRUCTIONAL TELECOMMUNICATIONS	_	oyer identification number
	undation inc art I Organizations Maintaining Donor Advised Funds or Other Simila		943035 or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		7 Accounts
	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization's property, subject to the organization's exclusive legal control		sed Yes No
5	Did the organization inform all grantees, donors, and donor advisors in writing that grant for used only for charitable purposes and not for the benefit of the donor or donor advisor, or for conferring impermissible private benefit?		purpose Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	Preservation of land for public use (e g , recreation or education) Preservation	of an histor	ically important land area
	Protection of natural habitat Preservation	of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year	n in the form	of a conservation
			Held at the End of the Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
C	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or termi	inated by the	e organization during the
	tax year ▶		
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	handling of	□Yes □No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en year $% \left(1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0$	forcing cons	ervation easements during the
	-		
7	A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing \$\Display\$ \$	ng conserva	tion easements during the year
В	Does each conservation easement reported on line 2(d) above satisfy the requirements of (B)(i) and section $170(h)(4)(B)(ii)$?	f section 17	0 (h)(4) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's final the organization's accounting for conservation easements		
Pai	organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" on Form 990, Part IV, line		er Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educat service, provide, in Part XIII, the text of the footnote to its financial statements that describe	revenue stat non, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve works of art, historical treasures, or other similar assets held for public exhibition, educat service, provide the following amounts relating to these items		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

> \$ _

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	(continued)	intaining	Collections of	Art, Hi	istorica	ıreas	sures, or G	otner	· Similar A	ssets	
3	Using the organization's acquicollection items (check all th		ession, and other re	ecords, c	heck any	of the fo	llowing that	are a :	significant us	e of its	
а	Public exhibition			d		oan or e	xchange pro	grams			
b	Scholarly research			e	Γ	Other					
c	Preservation for future of	ienerations									
4	Provide a description of the o		collections and ex	vnlain he	ow they fi	irther the	organizatio	n's eve	emnt nurnose	ın	
7	Part XIII				ŕ		-			""	
5	During the year, did the orgar assets to be sold to raise fun								lar Ve s	s	
Pa	rt IV Escrow and Custo Complete if the org	dial Arra	ngements.								1 990,
	Part X, line 21.										
1a	Is the organization an agent, included on Form 990, Part X		todian or other inte	ermediar	y for cont	tributions	s or otner as:	sets n	ot Ye s	s No	
b	If "Yes," explain the arrang	gement in Pa	art XIII and comple	ete the fo	ollowing t	able			Am	ount	
c	Beginning balance						10	:			
d	Additions during the year						1d				
е	Distributions during the ye	ar					1e	:			
f	Ending balance						1f				
2 a	Did the organization include a	an amount o	n Form 990, Part X	, lıne 21	, for escr	ow or cus	stodial accou	ınt lıal	oility? Yes	s	
b	75.00	. 5 .	W	c							
	If "Yes," explain the arranger ert V Endowment Fund										
	Liidowillelit i diid	3. Comple	(a)Current year		Prior year		wo years back		ree years back	(e)Four yea	rs back
1a	Beginning of year balance .		(-)	(-)	,	- (-/-	,	(-,	,	(-,,	
b	Contributions										
С	Net investment earnings, gai losses	ins, and									
d	Grants or scholarships .										
е	Other expenditures for facilit and programs	ies									
f	Administrative expenses .										
g	End of year balance										
2	Provide the estimated percer	ntage of the	current year end ba	ılance (lı	ine 1g, co	olumn (a)) held as				
а	Board designated or quasi-er	ndowment 🕨									
b	Permanent endowment ▶										
С	Temporarily restricted endow The percentages on lines 2a,		should equal 100%)							
3a	Are there endowment funds n	ot in the pos	session of the orga	anızatıor	n that are	held and	ladmınıstere	d for t	he		
	organization by (i) unrelated organizations								20	Yes	No
	(ii) related organizations .						•			(i) (ii)	
b	· · ·								-	3b	
4	Describe in Part XIII the inte	_									
Pa	rt VI Land, Buildings, a						_				
	Complete If the org Description of pro		inswered 'Yes' to	Form		t IV, lın other basıs		Form I	990, Part X Accumulated		k value
	Description of pro	pperty		(stment)	Cost or other I	oasıs	(c)depreciation		k value
1a	Land						(other)				
	Buildings									+	
	Leasehold improvements .			· . `						+	
	Equipment			.			5.	,702	5.	702	
	Other							-		+	
	al. Add lines 1a through 1e <i>(Col.</i>				umn (B), I	ine 10(c))		>	+	

(a) Description of security or category	(b)Book value	(c)Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market valu
(2)Closely-held equity interests		
(3)O ther		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990 Part IV line 11c c.	as Faura 000 Baut V June 13
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1)INDEPENDENT SPECTRUM LLC (2)EBS SUPPORT SERVICES LLC	3,348,224	
(3)MOBILE CITIZEN LLC	233,849	
(4)CONVERTIBLE PROMISSORY NOTES	99,991	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	> 3,924,531	
Part IX Other Assets. Complete if the organization answere		
	a 'Yes' on Form 990, Part IV, line	11d See Form 550, rate x, line 15
(a) Description	d 'Yes' on Form 990, Part IV, line	(b) Book value
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
	d 'Yes' on Form 990, Part IV, line	
(a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability (b) B	answered 'Yes' on Form 990,	(b) Book value

Schedule D (Form 990) 2015

1

2

a b

c

d

3

information

Return Reference

SCHEDULE D, PAGE 3, PART X

3,492,679

-399,844

3,892,523

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,892,52
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	3,723,91
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,723,91
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)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,723,91

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

LIABILITY MENTIONED ABOVE OR FURTHER DISCLOSURE

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, ALL

ORGANIZATIONS ARE REQUIRED TO DISCLOSE ANY MATERIAL UNCERTAIN TAX POSITIONS THAT MANAGEMENT BELIEVES DOES NOT MEET A "MORE-LIKELY-THAN-NOT" STANDARD OF BEING SUSTAINED UNDER AN INCOME TAX AUDIT, AND TO RECORD A LIABILITY FOR ANY SUCH TAXES INCLUDING PENALTY AND INTEREST MANAGEMENT OF THE FOUNDATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT REQUIRE THE RECORDING OF A

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

2a

2b

2c

2d

-399,844

2e

3

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

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015	Page 5							
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493046037967 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number INSTRUCTIONAL TELECOMMUNICATIONS 84-0943035 FOUNDATION INC Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
) FELLO WSHIPS	4	120,000			
		1			
		1			
		!			
		1			

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Explanation

Part IV

Return Reference

SCHEDULE I, PAGE 1, PART I, IN THE CASE OF APPLICANTS WITH WHOM THE ORGANIZATION HAS A FORMAL GRANT AGREEMENT, THE AGREEMENT OUTLINES WHEN LINE 2 THE PAYMENTS ARE TO BE MADE AND USUALLY REQUIRE THE GRANTEE TO SUBMIT, IN DETAIL, HOW THEY USED THE FUNDS IN A 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 Schedule I (Form 990) 2015

Additional Data

organization

CENTER FOR RIGHTS IN

ACTION PO BOX 55071 BOSTON, MA 02205

Software ID: Software Version:

if applicable

45-3951426

EIN: 84-0943035

Name: INSTRUCTIONAL TELECOMMUNICATIONS FOUNDATION INC

cash

(book, FMV, appraisal,

non-cash assistance

(h) Purpose of grant

or assistance

NET NEUTRALITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of

501C4

or government		11	,	assistance	other)	
ACTION FOR THE COMMON GOOD 802 KENT AVENUE BROOKLYN,NY 11205	45-3860271	501C4	75,000			RAISE THE WAGE
BRAVE NEW FILMS ACTION FUND 10510 CULVER BLVD CULVER CITY,CA 90232	26-0603427	501C4	14,344			GET OUT THE VOTE

50,000

grant

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CITIZEN ENGAGEMENT LAB 45-3154473 501C3 50,000 KAIROS FELLOWSHIP 2150 ALLSTON WAY SUITE 340 BERKELEY, CA 94704 CITIZEN ENGAGEMENT LAB 45-3154473 501C3 60,000 OPEN US PROJECT 2150 ALISTON WAY

CORE FUNDING

SUITE 340 BERKELEY, CA 94704 CITIZEN ENGAGEMENT

LABORATORY 1330 BROADWAY THIRD FLOOR OAKLAND, CA 94612 26-1764185

10,395

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C4

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or aovernment assistance 20-4496889 501C4 14.344 CORE FUNDING COLOROFCHANGEORG 1714 FRANKLIN ST SUITE 100 - 136 OAKLAND.CA 94612 **FUTRALITY**

CAMPAIG

COLOROFCHANGEORG 1714 FRANKLIN ST SUITE 100 - 136 OAKLAND,CA 94612	20-4496889	501C4	40,000		NET NEUTRALITY
COMMON CAUSE	52-6078441	501C4	75,000		MUNICIPALITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

805 FIFTEENTH ST NW

WASHINGTON, DC 20005

SUITE 800

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant other) or aovernment assistance DEMAND PROGRESS 46-1493219 501C4 50,000 NET NEUTRALITY ACTION 30 RITCHIE AVE

TAKOMA PARK, MD 20910					
DOMESTIC WORKERS LEGACY FUND 395 HUDSON ST FOURTH FLOOR	46-4605470	501C4	50,000		SOCIAL

501C4

EVERY VOICE

1211 CONNETICUT AVE NW WASHINGTON, DC 20036

52-2032544

AL INSURANCE NEW YORK, NY 10014

50,000

HONEST ELECTIONS

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FREE PRESS ACTION FUND 04-3771598 501C4 10,395 CORE FUNDING 40 MAIN ST SUITE 301 ADFR A M

FLORENCE, MA 01062					
HOLLABACK INC 30 3RD AVENUE ROOM 800B BROOKLYN,NY 11217	27-3199988	501C3	30,000		SITE LEADER PROGRAM
NATIONAL HISPANIC	95-4111353	501C3	20,000		NET NEUTRALITY

MEDIA COALITION 55 SOUTH GRAND AVENUE PASADENA, CA 91105

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) NEW VENTURE FUND 20-5806345 501C3 75,000 BETTER SCHOOLS 1201 CONNETICUT AVE NW SUITE 300 WASHINGTON DC 20036 RAL HISTORY

11/13/11/10/01/, DC 20030					
NOT AN ALTERNATIVE 143 NEWELL ST BROOKLYN,NY 11222	20-4018630	501C3	25,000		NATURAL HISTORY
PICO NATIONAL ACTION	45-4434103	501C4	150,000		ELECTIONS MATTER

110 MARYLAND AVE NE

WASHINGTON, DC 20002

SUITE 201

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant other) or government assistance PRESENTE ACTION FUND 27-0587622 501C4 20,000 NET NEUTRALITY 1330 BROADWAY SUITE 300 OAKLAND, CA 94612 SIVE CRACY

PROTEUS ACTION LEAGUE 15 RESEARCH DRIVE SUITE B AMHERST,MA 01002	22-3888268	501C4	175,000		INCLUSIVE DEMOCRACY
PUBLIC COMMUNICATORS	51-0173482	501C3	900.000		CORE FUNDING

2900 WELTON ST SUITE 300

DENVER, CO 80205

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) PUBLIC COMMUNICATORS 51-0173482 501C3 75,000 RENTRAK 2016 2900 WELTON ST SUITE 300 LADVOCACY

450 EAST 17TH AVENUE SUITE 310	DENVER,CO 80205					
	450 EAST 17TH AVENUE	20-3169871	501C4	90,000		DIGITAL

10,000

LEGISLATIVE

CAMPAIGN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C4

SIX ACTION

SUITE 310

450 FAST 17TH AVENUE

DENVER, CO 80238

20-3169871

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) STATEWIDE ORGANIZING 23-7264556 501C4 30,000 BROADBAND FOR COMMUNITY CAMPAIGN **EMPOWERMENT** 2507 MINERAL SPRINGS AVESUITE D KNOXVIIIE.TN 37917 4EDIA URES

MITORITECE/IN STOLE					
THE ADVOCACY FUND 1015 TORNEY AVE SAN FRANCISCO, CA 94130	94-3153687	501C4	66,523		NEW MEDIA VENTURES
KEYSTONE COMMUNITY TECHNOLOGY FND	46-3796809	PEND	17,800		MC LTE TRANSITION

1000 COMMECE PARK DR

WILLIAMSPORT, PA 17701

SUITE 410

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section (d) A mount of cash organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 501C4 19,000 PC FOR PEOPLE 26-2066245 MC LTE TRANSITION

1481 MARSHALL AVE SAINT PAUL, MN 55104 Schedule J (Form 990)

Department of the

Compensation Information

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

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

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

OMB No 1545-0047

DLN: 93493046037967

Open to Public

nterr	nal Revenue Service				rnsp	ectio	1
Νa	me of the organization			Employer identificati	on nur	nber	
	TRUCTIONAL TELECOMMUNICATIONS UNDATION INC			84-0943035			
Рa	rt I Questions Regarding Compensation			04-0943033			
	Questions regulating compensation					Yes	No
1a	Check the appropriate box(es) if the organization provide	ded ar	ny of the following to or for a person	listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel		Housing allowance or residence fo	r personal use			
	Travel for companions		Payments for business use of pers	sonal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	ition fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)			
	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc	rıbed	above? If "No," complete Part III t	o explain	1b		
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut				2		
3	Indicate which, if any, of the following the filing organiz						
	organization's CEO/Executive Director Check all that used by a related organization to establish compensat						
	✓ Compensation committee	Г	Written employment contract				
	Independent compensation consultant	✓	Compensation survey or study				
	Form 990 of other organizations		Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	art V I	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed coi	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns mi	ist complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of		•	any			
а	The organization?				5a		No
b	Any related organization?				5b		No
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, licompensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		No
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990 Part VII Section A li	ine 1 a	did the organization provide any p	on-fixed	l		1

ın Part III

section 53 4958-6(c)?

payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

Νo

40.383

199.032

DIRECTOR & PRESIDENT

158,649

3011edule 3 (1 01111 990) 2013	Page 3
Part III Supplemental Infor	mation
Provide the information, explanation, o	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
•	FILER'S CORE FORM PART VII-SECTION A DISCLOSURE INCLUDES COMPENSATION PAID TO DIRECTORS/OFFICERS IN COLUMNS E & F FROM EBS SUPPORT SERVICES, WHICH IS TECHNICALLY AN UNRELATED ORGANIZATION, AND PROVIDES MANAGEMENT COMPANY

Schodula 1 (Form 990) 2015

ISERVICES THAT DISCLOSURE ON PART VII-SECTION A IS UNDERTAKEN IN FAVOR OF ADDITIONAL TRANSPARANCY GIVEN THE COMPLEXITY OF FILER'S RELATIONSHIPS AND YIELDS A "TRIGGER" FOR THIS SCHEDULE WHICH WOULD OTHERWISE NOT BE APPLICABLE

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

Transactions with Interested Persons

OMB No 1545-0047

DLN: 93493046037967

2015

(Form 990 or 990-EZ)

"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.

► Complete if the organization answered

Department of the Treasury Internal Revenue Se	rvice	►Information a	about Sched	-	990 or 990-EZ) <u>ov/form990</u> .	and its instru	ctions	is at			en to Pi Ispecti	
Name of the org INSTRUCTIONAL TO FOUNDATION INC	ganization	TIONS						nploye		ficatio	n number	į
		Transaction)(29)	organı	zations		40 h	
	nete if the org ie of disqualifi	<u>anızatıon answe</u> ed person			tween disqualif				z, Part cription		<u>400</u> (d) Corr	ected?
				0	rganization			trans	saction		Yes	No
											-	
										+		
							+					
2 Enter the a	mount of tax	incurred by orga	nızatıon ma	ınagers or dı	squalified pers	ons during the	yearı	under	section			
								•	> \$			
		, .		·	ine organization		•	•	*			
Со	mplete if the o	/or From In organization ans orted an amount	wered "Yes	on Form 99		line 38a, or Fo	ırm 99	0, Par	rt IV , lın	ie 26, d	or if the	
(a) Name of interested person	(b) Relations with organizatio	Purpose of	(d) Loan to or from the organization	е	(e)O riginal principal amount	(f) Balance due	(g) defa		(h A ppro by boa commi	ved rd or	(i)Wrı agreen	
			То	From			Yes	No	Yes	No	Yes	No
											-	
										-	+	
											+	
										+	+	
Total		▶ \$										
		istance Bene organization				t IV, line 27						
(a) Name of i perso	nterested	(b) Relationshi interested pers organiza	p between on and the		t of assistance			stance	e (e)	Purpos	se of ass	ıstance
												_
				1		I						

Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered "Ves" on Form 990.

Complete if the organizatio	n answered "Yes" on I	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
				Yes	No
(1) EBS SUPPORT SERVICES LLC	KEY EMPLOYEES	556,940	REIMBURSEMENT		Νo
				1	

Part V Supplemental Information

Return Reference	Explanation
SCHEDULE L, PART V	EBS SUPPORT SERVICES LLC IS OWNED BY FIVE MEMBERS WHICH ARE ALL NONPROFIT ORGANIZATIONS ITF IS A MEMBER OF EBS SUPPORT SERVICES LLC AND HAS A 39 47% INTEREST EBS SUPPORT SERVICES WAS CREATED FOR THE PURPOSE OF LEASING PERSONNEL AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMBERS THE APPOINTED MANAGER OF EBS SUPPORT SERVICES IS THE PRESIDENT AND DIRECTOR OF ITF THREE OFFICERS OF EBS SUPPORT SERVICES DEVOTE PART OF THEIR TIME TO ITF BUSINESS JOHN SCHWARTZ, ADAM MILLER, AND PATRICIA DWYER ITF REIMBURSES EBS SUPPORT SERVICES FOR THE COST OF THE LEASED PERSONNEL, INCLUDING THE OFFICERS THE AMOUNT LISTED ABOVE INCLUDES ALL COMPENSATION AND BENEFITS PAID TO THESE OFFICERS 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 556,940 OFFICER COMPENSATION 101,624 OTHER EMPLOYEE SALARIES 229,605 EMPLOYEE BENEFITS 53,307 PAYROLL TAX 24,843 OTHER OPERATING EXPENSE 116,241 RENT 31,320 NOTE WHILE EBS SUPPORT SERVICES LLC WAS CREATED TO LEASE PERSONNEL AND PROVIDE SHARED ADMINISTRATIVE SUPPORT, IT ALSO IS SITE OF
	PROGRAMMATIC UNDERTAKINGS AS DESCRIBED IN SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue Service

FOUNDATION INC

Name of the organization INSTRUCTIONAL TELECOMMUNICATIONS

Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493046037967

Employer identification number

84-0943035

Return Reference	Explanation
FORM 990 -	THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR "CHARITABLE, SCIENTIFIC AND
ORGANIZATION'S	EDUCATIONAL- AND "SOCIAL WELFARE" PURPOSES WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 501(C)(4),
MISSION	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
	PROVIDED TO ACCREDITED EDUCATIONAL INSTITUTIONS AND GOVERNMENTAL ORGANIZATIONS ENGAGED IN THE
	FORMAL EDUCATION OF ENROLLED STUDENTS 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 ADDITONAL 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
ĺ	NOW ENACTED OR HEREAFTER AMENDED

Return Reference	Explanation
FORM 990	BACKGROUND THESE ADDITIONAL, VOLUNTARY DISCLOSURES ARE INTENDED TO GIVE THE INTERESTED READER GREATER INSIGHT INTO HOW AND WHY INSTRUCTIONAL TELECOMMUNICATIONS FOUNDATION D/B/A VOQAL USA OPERATES ITS
	NUMEROUS PROGRAMS AND INITIATIVES, BOTH THROUGH ITS OWN EFFORTS AND THROUGH THE LIMITED LIABILITY COMPANIES OF WHICH VOQAL USA IS PART OWNER ON BEHALF OF A NUMBER OF NONPROFIT ORGANIZATIONS, VOQAL USA'S PRESIDENT, JOHN SCHWARTZ, LED AN EFFORT TO A PPLY FOR WHAT WERE THEN REFERRED TO AS INSTRUCTIONAL TELD (ISLANDER SET MADE) (THE STANDER SE
	TELEVISION FIXED SERVICE (ITFS.) LICENSES FROM THE FEDERAL COMMUNICATIONS COMMISSION. THOSE APPLICATIONS WERE ORIGINALLY SUBMITTED IN THE EARLY 1980S. MR. SCHWARTZ BELIEVED THAT SEPARATE NONPROFIT ORGANIZATIONS WITH LOCAL BOARDS OF DIRECTORS WOULD BETTER SERVE THE SCHOOLS AND COMMUNITIES COVERED BY THESE LICENSES. IN THE END., FIVE NONPROFITS LED BY MR. SCHWARTZ APPLIED FOR AND RECEIVED A TOTAL OF 11
	ITFS LICENSES TODAY, MR SCHWARTZ REMAINS THE PRESIDENT OF THOSE FIVE NONPROFITS, WHICH WILL HEREAFTER BE REFERRED TO AS THE VOQAL NONPROFITS VOQAL USA IS ONE OF THOSE FIVE FOR NEARLY THREE DECADES, VOQAL USA PROVIDED FREE EDUCATIONAL VIDEO PROGRAMMING TO SCHOOLS VIA ITS FCC-LICENSED ITFS STATION WHILE DOING
	SO, IT SHARED SOME OF ITS OVERHEAD AND ADMINISTRATIVE COSTS WITH THE OTHER FOUR VOQAL NONPROFITS, WHICH WERE PROVIDING VERY SIMILAR SERVICE TO THEIR LOCAL COMMUNITIES THIS APPROACH RESULTED IN SIGNIFICANT COST SAVINGS. ALLOWING VOQAL USA TO DELIVER BETTER EDUCATIONAL SERVICE. THE SHARING OF PERSONNEL AND OTHER
	RESOURCES AMONG THE VOQAL NONPROFITS WAS THE BEGINNING OF WHAT WOULD LATER BECOME EBS SUPPORT SERVICES, LLC (EBSSS) - THE UMBRELLA SERVICE ORGANIZATION THAT TODAY PROVIDES PERSONNEL AND OPERATIONAL SUPPORT TO ALL FIVE VOQAL NONPROFITS WITH THE INCREASED RESOURCES AFFORDED BY THESE MOST RECENT
	SPECTRUM A GREEMENTS, THE VOQAL NONPROFITS, INCLUDING VOQAL USA, EXPANDED THE NUMBER AND REACH OF THEIR EDUCATIONAL PROGRAMS TO INCLUDE NEW EDUCATION VENTURES, AFFORDABLE INTERNET SERVICE FOR SCHOOLS AND NONPROFITS, CASH GRANTS, EBS SPECTRUM ADVOCACY, AND MORE AS IT EXPANDED, VOQAL USA CONTINUED TO SHARE
	RESOURCES WITH THE OTHER VOQAL NONPROFITS FOR THIS REASON, IN 2009 THE FIVE VOQAL NONPROFITS FORMED EBS SUPPORT SERVICES, LLC VOQAL USA OWNS 39 47% OF EBS SUPPORT SERVICES, LLC AND REIMBURSES IT FOR THE COST OF LEASED PERSONNEL, AS WELL AS SHARED OFFICE SPACE AND EQUIPMENT EBSSS, LLC, AS WELL AS THE OTHER
	LIMITED LIABILITY COMPANIES LISTED BELOW, ARE ALL OWNED EXCLUSIVELY BY THE VOQAL NONPROFITS, THERE ARE NO OTHER OWNERS IN 2013, TO EXTEND THESE RELATIONSHIPS AND GAIN BETTER PUBLIC RECOGNITION FOR SHARED WORK, EBSSS SECURED THE "VOQAL" TRADEWARK AND THE FIVE NONPROFITS, INCLUDING VOQAL USA, ADOPTED THE VOQAL
	BRAND VOQAL HAS STRIVED TO FULFILL THE MISSION OF EBS, FROM ITS BEGINNINGS PROVIDING FREE, ITFS VIDEO TO SCHOOLS TO RECENT EFFORTS TO SUPPORT CHANGE- MAKERS IN EDUCATION WHILE SOME VOQAL USA PROGRAMS SERVE WHAT MANY WOULD CONSIDER TRADITIONAL EDUCATIONAL ENTITIES LIKE K-12 SCHOOLS, VOQAL EMBRACES A
	BROADER VIEW OF EDUCATION AND AIMS TO ENSURE EQUAL ACCESS TO KNOWLEDGE TO FOSTER A STRONGER, HEALTHIER DEMOCRACY OUR PROGRAMS ARE OFTEN AIMED AT THE ROOT CAUSES THAT BAR ACCESS TO KNOWLEDGE BOTH IN AND OUT OF TRADITIONAL BRICK AND MORTAR INSTITUTIONS EXAMPLES OF MORE TRADITIONAL EDUCATIONAL
	PROGRAMS INCLUDE OUR CORE BROADBAND INTERNET ACCOUNTS AND MOBILE CITIZEN'S EFFORTS TO ENSURE THAT STUDENTS HAVE ACCESS TO THE INTERNET BOTH AT SCHOOL AND AT HOME VOQAL EDUCATION'S SUPPORT OF THE CRASH COURSE SERIES ON YOUTUBE AND INDEPENDENT SPECTRUM'S EFFORTS TO PASS THROUGH ADDITIONAL EDUCATION BENEFITS TO MORE EBS LICENSEES ARE ADDITIONAL EXAMPLES OF THE EDUCATIONAL NATURE OF OUR WORK EXAMPLES
	OF SOME OF OUR LESS TRADITIONAL EDUCATIONAL ENDEAVORS INCLUDE THE EFFORTS OF VOQAL FUND AND VOQAL FELLOWSHIP, WHICH ARE RELATED TO EDUCATION IN THE BROADER SENSE OF SUPPORTING THE DISSEMINATION OF ALTERNATIVE IDEAS AND BUILDING A MORE ENGAGED AND EDUCATED PUBLIC A DESCRIPTION OF SPECIFIC VOQAL USA
	PROGRAMS IS BELOW CORE BROADBAND INTERNET ACCOUNTS - OPERATED INDEPENDENTLY BY VOQAL USA AND ADMINISTERED BY EBSSS, LLC VOQAL USA PROVIDES 39 SCHOOLS IN THE METRO AREAS COVERED BY ITS LICENSES WITH 556 FREE AND 26 SUBSIDIZED HIGH-SPEED WIRELESS BROADBAND INTERNET ACCOUNTS. THE SCHOOLS ARE BOTH PUBLIC
	AND PRIVATE, SERVICING GRADES K-12 THE ACCOUNTS ARE DISTRIBUTED TO BOTH TEACHERS AND STUDENTS ACCOUNTS PLACED WITH STUDENTS ALLOW THOSE STUDENTS TO COMPLETE SCHOOLWORK ONLINE AT HOME THAT MIGHT OTHERWISE HAVE TO BE COMPLETED AT PUBLIC LIBRARIES, COFFEE SHOPS WITH WI-FI ACCESS OR OTHER PLACES THAT MIGHT NOT BE
	CONVENIENT DURING NON-SCHOOL HOURS WE ESTIMATE THAT THE FAIR MARKET VALUE OF THESE FREE AND SUBSIDIZED ACCOUNTS IS OVER 346,000 ANNUALLY 2015 WAS A PARTICULARLY CHALLENGING YEAR AS SPRINT REPLACED A PRIOR NETWORK TECHNOLOGY WITH 4G LTE AS A RESULT, ALL DEVICES VOQAL USA HAD PLACED IN SCHOOLS HAD TO BE
	REPLACED VOQAL USA ELECTED TO DONATE SOME OF THE EQUIPMENT TO THE SCHOOLS THE ESTIMATED VALUE OF THE FREE REPLACEMENT EQUIPMENT WAS ABOUT 84,000 AS OF MARCH 2016, ALL 39 SCHOOLS WERE TRANSITIONED TO THE NEW TECHNOLOGY VOQAL EDUCATION - OPERATED BY VOQAL USA AND OTHER VOQAL NONPROFITS, ADMINISTERED BY EBSSS, LLC VOQAL EDUCATION IS PROUD TO BE A FUNDER OF CRASH COURSE - GOVERNMENT AND POLITICS CRASH
	COURSE IS AN EDUCATIONAL YOUTUBE CHANNEL FEATURING 10- MINUTE VIDEOS THAT CONDENSE COMPLEX TOPICS INTO QUIRKY, ENGAGING TUTORIALS CRASH COURSE'S YOUTUBE CHANNEL HAS NEARLY 3 MILLION SUBSCRIBERS, AND THE VIDEOS ARE SHOWN IN CLASSROOMS ACROSS THE COUNTRY, AS WELL AS WATCHED BY THE PUBLIC AT LARGE VOQAL
	USA PARTLY FUNDED CRASH COURSE'S GOVERNMENT AND POLITICS SERIES, WHICH HAS BEEN VIEWED WELL OVER NINE MILLION TIMES ACROSS ITS 50 EPISODES VOQAL EDUCATION'S NEWEST EFFORT, THE EDUCATION VENTURE FUND, SEEKS TO CONNECT EARLY STAGE INVESTORS AND DONORS TO BOTH NONPROFIT AND FOR-PROFIT TECHNOLOGY STARTUPS
	WITH THE GOAL OF REDUCING OPPORTUNITY GAPS IN EDUCATION 2016 WAS THE FIRST YEAR IN WHICH THE EDUCATION VENTURE FUND MADE INVESTMENTS, WITH VOQAL USA INVESTING A TOTAL OF 100,000 IN THREE DIFFERENT COMPANIES, AS WELL AS PAYING A PORTION OF THE OPERATING COSTS THE INVESTMENTS RANGE FROM A COMPANY THAT CONNECTS
	INDUSTRY PROFESSIONALS WILLING TO VOLUNTEER TIME WITH TEACHERS WHO SEEK TO EXPOSE THEIR STUDENTS TO STEM ROLE MODELS TO A FIRM THAT DEVELOPS TECHNOLOGY THAT ENABLES TEACHERS TO ADAPT LESSON PLANS FOR STUDENTS WITH DISABILITIES MOBILE CITIZEN, LLC - OWNED IN PART (45 0%) BY VOQAL USA MOBILE CITIZEN, LLC IS MADE
	POSSIBLE BY THE VOQAL NONPROFITS' CURRENT SPECTRUM A GREEMENTS AND THE BROADBAND INTERNET ACCOUNTS RECEIVED AS PART OF THOSE AGREEMENTS AFTER SEVERAL YEARS OF PROVIDING INTERNET SERVICE INDIVIDUALLY, THE VOQAL NONPROFITS FORMED MOBILE CITIZEN, LLC TO PROVIDE ADMINISTRATIVE SUPPORT FOR THE DISTRIBUTION OF SOME
	OR ALL OF ITS MEMBERS' BROADBAND ACCOUNTS MOBILE CITIZEN, LLC SERVES SCHOOLS, NONPROFIT ORGANIZATIONS AND SOCIAL WELFARE AGENCIES AND HAS FOCUSED MUCH OF ITS EFFORT ON BRIDGING THE DIGITAL DIVIDE MOBILE CITIZEN OFFERS ONE OF THE LOWEST COST MOBILE BROADBAND RATE PLANS AVAILABLE TO SCHOOLS, NONPROFIT ORGANIZATIONS AND SOCIAL WELFARE AGENCIES NATIONWIDE. WITH FEW RESTRICTIONS AND NO DATA THROTTLING
	MOBILE CITIZEN WIRELESS BROADBAND SERVICE COSTS APPROXIMATELY ONE-FIFTH THE AMOUNT OF ITS COMMERCIAL EQUIVALENTS, AND IS PROVIDED FREE IN SOME CASES IN THE USA METRO AREA, MOBILE CITIZEN SERVES SCHOOLS AND NONPROFITS THAT PROVIDE SERVICES AS DIVERSE AS WORKFORCE PREPAREDNESS AND FREE COMPUTER TRAINING AND
	ACCESS PROGRAMS THE MONEY THESE ORGANIZATIONS SAVE ON THE INTERNET WITH MOBILE CITIZEN ALLOWS THEM TO PUT THOSE DOLLARS TO USE FULFILLING THEIR ORGANIZATION'S MISSION ON BEHALF OF VOQAL USA, MOBILE CITIZEN PLACED APPROXIMATELY 9,500 WIMAX WIRELESS BROADBAND ACCOUNTS WITH SCHOOLS AND NONPROFITS BOTH
	LOCALLY IN THE SEVEN MARKETS WHERE VOQAL USA HOLDS EBS LICENSES AND IN OTHER CITIES ACROSS THE U.S. THE ESTIMATED MARKET VALUE OF THE FREE AND SUBSIDIZED ACCOUNTS IS MORE THAN 4.5 MILLION PER YEAR. INDEPENDENT SPECTRUM, LLC - OWNED IN PART (63.6%) BY VOQAL USA AND MANAGED BY EBSSS, LLC ANOTHER BENEFIT OF THE
	CURRENT SPECTRUM A GREEMENT WITH A SPRINT SUBSIDIARY IS THE A BILITY, THROUGH CERTAIN PROVISIONS OF THE AGREEMENT, TO ADD ADDITIONAL SPECTRUM AND THUS HELP MAXIMIZE THE EDUCATIONAL POTENTIAL OF OTHER LICENSES INDEPENDENT SPECTRUM, LLC (IS) WAS FORMED TO DO JUST THAT IS ACCOMPLISHES THIS TASK IN ONE OF TWO WAYS 1)
	THE DIRECT PURCHASE AND TRANSFER OF AN EBS LICENSE TO AN IS SUBSIDIARY AND SUBSEQUENT SPECTRUM USE AGREEMENT WITH SPRINT, OR 2) A SPECTRUM USE AGREEMENT WITH THE EBS LICENSEE AND SUBLICENSE OF SPECTRUM RIGHTS TO SPRINT THROUGH THE 23 IS SUBSIDIARIES FORMED TO-DATE, IS HAS BEEN ABLE TO PASS THROUGH EDUCATIONAL AND FINANCIAL BENEFITS TO 37 EBS LICENSES THIS "STRENGTH IN NUMBERS" APPROACH ALLOWS EBS
	LICENSE HOLDERS TO GAIN OPPORTUNIT

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 2	THE ORGANIZATION PARTICIPATES IN THE EDUCATION VENTURE FUND AS DESCRIBED ON SCHEDULE O

Return Reference	Explanation
FORM 990, PAGE 2, PART	THE ORGANIZATION CEASED EDUCATION ON DEMAND IN JULY 2015 THIS ENDED THE ERA OF THE
III, LINE 3	ORGANIZATION PROVIDING INSTRUCTIONAL CONTENT TO SCHOOLS

Return Reference	Explanation	
FORM 990,	MANAGEMENT SERVICES ARE PROVIDED BY EBS SUPPORT SERVICES LLC PO BOX 6060 BOULDER, COLORADO 80306	
PAGE 6, PART	EBS SUPPORT SERVICES LLC IS OWNED BY FIVE MEMBERS WHICH ARE ALL NONPROFIT ORGANIZATIONS ITF IS A	ı
VI, LINE 3	MEMBER OF EBS SUPPORT SERVICES LLC AND HAS A 39 47% INTEREST EBS SUPPORT SERVICES WAS CREATED FOR THE	ı
	PURPOSE OF LEASING PERSONNEL AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMEBRS SEE FURTHER	ı
	DISCUSSION REGARDING EBS SUPPORT SERVICES LLC AND THE SERVICES PROVIDED IN SCHEDULE O ALL OF ITF'S	ı
	OFFICERS WERE PAID THROUGH EBS TOTAL COMPENSATION PAID TO THE OFFICERS BY EBS ARE SHOWN IN PART VII OF	ı
	THE 990 REPORTABLE COMPENSATION PAID TO ITF OFFICERS BY EBS FOR SERVICES PROVIDED TO ITF ARE AS	ı
	FOLLOWSJOHN SCHWARTZ 71,366ADAM MILLER 9,900PATRICIA DWY ER 20,358	ı

Return Reference	Explanation	l
FORM 990, PAGE 6, PART VI, LINE 7A	THE PRESIDENT OF THE CORPORATION MAY DESIGNATE UP TO TWO DIRECTORS	l

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 8B	THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED BY THE ORGANIZATIONS ACCOUNTANTS AND EXPERIENCED EXEMPT ORGANIZATIONS TAX COUNSEL, CFO AND AT LEAST ONE CORPORATE OFFICER ADDITIONALLY THE FORM IS PRESENTED TO THE BOARD MEMBERS AFTER IT IS FILED

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER HAS A DUTY TO DISCLOSE TO THE BOARD (OR TO ANY COMMITTEE OF THE BOARD THAT IS CONSIDERING A DECISION TO WHICH THE CONFLICT APPLIED) THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OR ACTION OF THE ORGANIZATION IN WHICH SUCH RESPONSIBLE PERSON HAS ANY CONFLICTS EACH RESPONSIBLE PERSON WHO IS A STAFF MEMBER HAS A DUTY TO DISCLOSE TO THE BUSINESS MANAGER OF THE ORGANIZATION AND HIS/HER IMMEDIATE SUPERVISOR THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF THE ORGANIZATION IN WHICH SUCH PERSON HAS ANY CONFLICT IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY RELIES ON SUCH DISCLOSURE A RESPONSIBLE PERSON WHO FAILS TO FOLLOW THE PROTOCOLS ESTABLISHED IN THE CONFLICT OF INTEREST POLICY SHALL BE SUBJECTED TO MEANINGFUL DISCIPLINARY ACTION BY THE BOARD OF DIRECTORS UP TO AND INCLUDING REMOVAL FROM THE BOARD OR THEIR POSITION WITHIN THE ORGANIZATION

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	ALL SERVICES PERFORMED ARE FROM SHARED EMPLOYEES OF A SHARED SERVICES COMPANY THIS COMPANY HAS AN OVERSIGHT COMMITTEE MADE UP OF BOARD MEMBERS OF NON-PROFIT 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 SEMI- ANNUAL SALARY BENCHMARKING REPORT FOR ALL STAFF POSITIONS AND AN ANNUAL CEO SALARY REVIEW THAT DESCRIBED EACH POSITION AND COMPARED THE POSITION TO THREE SALARY SURVEYS MOUNTAIN STATES EMPLOYERS COUNCIL 2014 NON- PROFIT/FOUNDATION COMPENSATION, MOUNTAIN STATES EMPLOYERS COUNCIL 2015 COLORADO BENCHMARK COMPENSATION, AND 2014 COLORADO NON-PROFIT ASSOCIATION SALARY AND BENEFITS SURVEY IN ADDITION, THE SALARY BENCHMARKING REPORT WAS REVIEW BY AN INDEPENDENT THIRD PARTY CONTRACTOR TO ENSURE THE USE OF PROPER METHODOLOGY AND ETHICAL STANDARDS THIS REPORT, THE THIRD PARTY CONTRACTOR 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, PAGE 6, PART VI, LINE 15B	SEE THE EXPLANATION SHOWN FOR FORM 990, PART VI, LINE 15A	l

Return Reference	Explanation
FORM 990, PAGE 6, PART	THE ORGANIZATION DID NOT NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
VI, LINE 19	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORMAGO	TRO OURDOOT OFFINIOSO LLOOPINA MODALINIO OMNIER RIVENENDERO MUUOLLA REALLI MONDROETT ORGANIZA TIONO
FORM 990,	EBS SUPPORT SERVICES, LLC(D/B/A VOQAL) IS OWNED BY FIVE MEMBERS WHICH ARE ALL NONPROFIT ORGANIZATIONS
PART VII	ITF IS A MEMBER OF VOQAL AND HAS A 39 47% INTEREST VOQAL LEASES AND PROVIDES PERSONNEL AND SHARED
	ADMINISTRATIVE SERVICES TO ITS MEMBERS THE INDIVIDUALS LISTED ON PART VII, SECTION A THAT HAVE AMOUNTS IN
	COLUMNS E & F WORK WITH VOQAL TO PROVIDE THEIR SERVICES TO VOQALS MEMBERS AND OTHER COMPANIES THE
	MEMBERS JOINTLY OWN ITF REIMBURSES VOQAL FOR THE PERSONNEL COST FOR SERVICES THEY PROVIDE TO ITF AS
	WELL AS TO VOQAL'S OTHER FOUR MEMBERS IN THE 2015 CALENDAR YEAR THE AMOUNTS OF REPORTABLE
	COMPENSATION AND OTHER COMPENSATION PAID BY VOQAL TO THESE INDIVIDUALS THAT IS ATTRIBUTABLE SOLELY TO
	FILER IS DISCLOSED IN RESPONSE PART VI, LINE 3 PROVIDED EARLIER IN THIS SCHEDULE

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R

Related Organizations and Unrelated Partnerships

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

2015

DLN: 93493046037967OMB No 1545-0047

Open to Public Inspection

Employer identification number

84-0943035

Department of the Treasury Internal Revenue Service

Name of the organization INSTRUCTIONAL TELECOMMUNICATIONS

(Form 990)

FOUNDATION INC.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	d- Disproprtionate allocations? Schedule K-1 (Form 1065)		managing partner?		(k) Percentage ownership	
(1) INDEPENDENT SPECTRUM LLC PO BOX 6060 BOULDER, CO 80306 41-2183115	EDUCATION	СО	N/A	EXCLUDED	2,059,077	3,348,222		No			No	63 600 %
PO BOX 6060 BOULDER, CO 80306 36-4701944	EDUCATION	со	N/A	EXCLUDED	-17,458	-243,785		No			No	63 600 %
(3) FREE SPEECH MEDIA LLC PO BOX 6060 BOULDER, CO 80306 84-1300168	SERVICES	СО	N/A	UNRELATED				No	-1,495		No	66 230 %
(4) MOBILE CITIZEN PO BOX 6060 BOULDER, CO 80306 46-1777398	SERVICES	СО	N/A	EXCLUDED	-493,266	233,849		No			No	51 260 %

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

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

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

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	_		Yes	No				
1 [1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		No				
b	b Gift, grant, or capital contribution to related organization(s)		1 b		No				
c	c Gift, grant, or capital contribution from related organization(s)		1 c		No				
d	d Loans or loan guarantees to or for related organization(s)		1 d		No				
е	e Loans or loan guarantees by related organization(s)	[1	1e		No				
f	f Dividends from related organization(s)	:	1f		No				
g	g Sale of assets to related organization(s)	Ī	1 g		No				
h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)		1i		No				
j	${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		1j		No				
k	${f k}$ Lease of facilities, equipment, or other assets from related organization(s)	[1	1k		No				
1	I Performance of services or membership or fundraising solicitations for related organization(s)	[:	11		No				
•		I.	السلم		B1 -				
	m Performance of services or membership or fundraising solicitations by related organization(s)	· · ·	1m	\rightarrow	No				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	· · · ·	1n	\rightarrow	No				
0	o Sharing of paid employees with related organization(s)	[1	10	\dashv	No				
			\perp	\dashv					
•	p Reimbursement paid to related organization(s) for expenses	⊢	1 p	\rightarrow	No				
q	q Reimbursement paid by related organization(s) for expenses	[1	1q	\rightarrow	No				
			\perp	\dashv					
r	r Other transfer of cash or property to related organization(s)	· · · · ·	1r	\rightarrow	No				
S	s Other transfer of cash or property from related organization(s)	[1	1 s	Yes					
_	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and	d transaction thresholds							
	(a) (b) (c)	(d)							
	Name of related organization Transaction Amount involved	Method of determining amou	ınt ını	olved					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)INDEPENDENT SPECTRUM LLC	S	127,000	CASH DISTRIBUTION
(2)FREE SPEECH MEDIA LLC	R	5,000	CAPITAL CONTRIBUTION
(3)MOBILE CITIZEN ILC	R	438,712	CAPITAL CONTRIBUTION

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 instruction	is regarding exc	lusion for	certain inve	stme	nt partnersh	ıps						3	
(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-	section 501(c)(3) organizations? m		(f) Share of total income	(g) Share of e end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	I I				Yes	No		Yes	No	
(1)EBS SUPPORT SERVICES	SERVICES	со	UNRELATED		No	38,575	242,468		No			No	39 470 %
PO BOX 6060BOULDER, CO 80306 80-0305288													_

