

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public. ✓ O

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public

Inter	nal Rev	enue Service	Go to www.irs.gov/Form990E2 for instructions and the latest information.	· I	inspection
			indar year, or tax year beginning $f MAY 1$, $ 2017$ and ending $ APR 3$	0, 201	8
В	Check i applicat	ble	C Name of organization D Em	ployer identif	ication number
Ļ	Addr	ress change			
Ļ	Nam	e change		5-0226	
Ļ.	Initia	il return I return/	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Teli		-
Ļ	term	ınated		05-988	-9800
Ļ	Ame	nded return		oup Exemption	1 /
<u></u>		cation pending		mber ►	
		nting Metho		eck 🕨 🔲	if the organization is
				t required to at	ttach Schedule B
				rm 990, 990-l	EZ, or 990-PF).
			on: LX Corporation Trust Association Other		
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
			are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	77,470.
P	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions	for Part I)	_
			the organization used Schedule O to respond to any question in this		X
	1		ons, gifts, grants, and similar amounts received	1	5,900.
	2	-	service revenue including government fees and contracts	2	71,524.
	3		nip dues and assessments	3	
	4	Investmer		4	3.
			ount from sale of assets other than inventory 5a		
	b		or other basis and sales expenses 5b		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	-	d fundraising events		
ne	a		ome from gaming (attach Schedule G if greater than		
Revenue	١.	\$15,000)			
Æ	þ		ome from fundraising events (not including \$ of contributions		
			raising events reported on line 1) (attach Schedule G if the sum of such		
		•	me and contributions exceeds \$15,000)		
	1		ext expenses from gaming and fundraising events	.	
			e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
			s of inventory, less returns and allowances		
	D		of goods sold	_	
	٦		it or (loss) from sales of inventory (Subtract line 7b from line 7a) nue (describe in Schedule O) SEE SCHEDULE O	7c	43
	8		· · · · · · · · · · · · · · · · · · ·	8	$\frac{43.}{77,470.}$
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	//,4/0.
	11		d similar amounts paid (list in Schedule 0) RECEIVED	10	
	12	•		11 12	7,745.
Ses	13		ther compensation, and employee benefits AUG 16 2018 S	13	105.
Expens	14		ral fees and other payments to independent contractors. AUG 2018 ZUIB ZUIB	14	27,731.
Ä	15			15	76.
	16		unications, postage, and snipping OCDENCHEDULE O	16	18,266.
	17		enses. Add lines 10 through 16	17	53,923.
_	18	<u>.</u>	(deficit) for the year (Subtract line 17 from line 9)	18	23,547.
ets	19		or fund balances at beginning of year (from line 27, column (A))	 ' 	23,3211
Net Assets	"		ee with end-of-year figure reported on prior year's return)	19	358,804.
et/	20		iges in net assets or fund balances (explain in Schedule 0)	20	0.
Z	21		or fund balances at end of year. Combine lines 18 through 20	21	382,351.
LH			Reduction Act Notice, see the separate instructions.		orm 990-EZ (2017)

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	m 990-EZ (2017) INSTITUTE FOR REGIONAL EI	OUCATION		85-	02264	84 Page 2
P	art II Balance Sheets (see the instructions for Part II)				-	-
	Check if the organization used Schedule O to res	pond to any questi	on in this Part II			X
			(A) Beginning of year	T	(B) E	nd of year
22	? Cash, savings, and investments		8,186	. 22		30,368.
23	B Land and buildings		•	23		· · · · · · · · · · · · · · · · · · ·
24	Other assets (describe in Schedule 0) SEE SCHEDULE ()	350,626	. 24		351,983.
25	o Total assets		358,812			382,351.
26	Total liabilities (describe in Schedule 0)		8	_		0.
27	,	—	358,804			382,351.
	art III Statement of Program Service Accomplishme	nts (see the instruc	tions for Part III)	• 21	E	penses
	Check if the organization used Schedule O to res	•		\mathbf{x}		for section
Wh	at is the organization's primary exempt purpose? EDUCATION MED1					and 501(c)(4)
		·			organizati others)	ons; optional for
man	cribe the organization's program service accomplishments for each of its three largest program iner, describe the services provided, the number of persons benefited, and other relevant inform	i services, as measured by exper mation for each program title	ises in a clear and concise		oundro ,	
	SEE SCHEDULE O				-	
20	DEE BEREBOHE O					
	(2)			 _		F2 000
	(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	28a	53,923.
29						
	(Grants \$) If this amount includes foreign (grants, check here		<u>_</u>	29a	
30						
	·					
	(Grants \$) If this amount includes foreign (grants, check here .			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign (grants, check here	_		31a	
32	Total program service expenses (add lines 28a through 31a)			▼	32	53,923.
Pá	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each on	even if not compensated -	see the	instructions f	orPart IV)
	Check if the organization used Schedule O to res	pond to any questic	on in this Part IV			
		(b) Average hours	(C) Reportable	(d) Hea	ith benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)		butions to	amount of other
		position			yee benefit	amount of other
ST	IDDUCT COLDEN	'	(if not paid, enter -0-)	plans, a	yee benefit and deferred pensation	compensation
==	EPHEN J. GOLDIN	<u> </u>	(if not paid, enter -0-)	plans, a	and deferred	
PR	RESIDENT/DIRECTOR	1.00	(If not paid, enter -0-)	plans, a	and deferred	compensation
				plans, a	and deferred pensation	
	RESIDENT/DIRECTOR		0.	plans, a	and deferred pensation	compensation 0.
GO V.	RESIDENT/DIRECTOR ODFREY REGGIO	1.00		plans, a	ind deferred bensation	compensation
V.	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR	1.00	4,320.	plans, a	0 •	0 .
V. LA SE	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB CC. & TREAS./DIRECTOR	1.00	0.	plans, a	ind deferred bensation	compensation 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR AWRENCE TAUB	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	4,320.	plans, a	0 •	0 .
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	0. 0.
V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 •	O . O .
GO V. LA SE BR	RESIDENT/DIRECTOR DDFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR RADFORD SMITH	1.00	0. 4,320. 1,625.	plans, a	0 • 0 •	O . O .



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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
94	activity in Schedule 0	_33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		
•••	on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	-		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	ا مما		.
	In a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 386 N/A	38a		X
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit]		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
_	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
Ü	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	i i		
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
_	by the organization • • • • • • • • • • • • • • • • • • •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41				
42 a	The organization's books are in care of ► LAWRENCE TAUB Telephone no. ► 505-98			
	Located at ► 1802 2ND STREET, UNIT #1, SANTA FE, NM ZIP+4 ► 8	/50	5	
0	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b	103	X
	If "Yes," enter the name of the foreign country:	122	-	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country'			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/ _		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	_	
	· · · · · · · · · · · · · · · · · · ·	1	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	$\overline{}$	162	140
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	l		
	in Schedule O	44d		₩.
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ	(2017)
				/

Form 9	990-EZ (2017)	INST	TUTE	FOR	REGIONAL	L EDU	CATION	ī		85-	02264	84	Page 4
					irectly, in	political campaign	activities	on behalf of o	r in oppositio	n to candidates f	or public off		46	es No
			chedule C, P n 501(c) (nizatio	ns only			_				40	
1 41				. •		st answer question	ons 47-4	9b and 52, a	and complet	e the tables for	r lines 50 a	nd 51		
				_		ule O to respond								
													Y	
		-				have a section 501				ear? If "Yes," con	iplete Sch (· —	47 7	
						170(b)(1)(A)(ıı)? If			ule E				48	X
		-				t non-charitable re	elated orga	anization?					19a 19b	 _
The state of the s									ed more					
			-		_	on. If there is none,			iocio, ancetoi	3, u u31003, unu r	cy unipioye	us) who cut	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ca more
			a) Name and				I	(b) Avera	ge hours	(C) Reportable		alth benefits,	(e) Es	stimated
		·	,		, -			per week o		compensation (Fo W-2/1099-MIS	C) emplo	ibutions to		t of other
					NO	ONE		posi	tion			and deferred pensation	ed compensation	
											 			
							-			 				
	-													
						 				<u> </u>				
			ner employee						<u> </u>		2400 000 -4			. Ab.a
			tor the orga e is none, ei			t compensated ind	1epenaent	contractors v	vno each rece	ived more than ‡	100,000 01	compensau	on iron	trie
	_					ndent contractor		T	(b) Type of service		(c) C(mpensa	ation
									<u> </u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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			···							,				
				•										
d	Total nui	mber of oth	her independ	lent contrac	ctors each	receiving over \$10	00,000			>				
		•	•	Schedule A	Note: All	section 501(c)(3)	organizat	ions must atta	ach a			. [77	٦	<u> </u>
		ed Schedul		<u> </u>					d. 1				Yes	No
						this return, includir than officer) is bas						y knowleag	e and b	alei, it is
true, c	correct, a	ina compie	te. Deciarau	on or orepa	iter (outer	than officer) is bas	Seu on an	imorniauon o	ii willon prepa	irei iras aliy kisov	vieuge.	9 Aug	18	
Sigr	, J	Signature	of office	(1)	7 44						Date			
Her		Go	odfrey	Reggi	o, Vi	ice Presid	dent							
	•	Type or p	orint name and	title										
		Print/Ty	pe preparer	s name		Preparer's sig	gnature		Date	Check		PTIN		
Paid	d	Lav	wrence	Taub				-	9Aug	18 ^{self- e}	mployed	D000	200	0.5
	- parer				<u> </u>		<u> </u>	7D 2 m 7	AM DC		- FIN B	P000	<u> </u>	12
	Only		name L . nddress L					OR AT 1	LAW PC		s EIN 🕨			
		Filmsa				NM 87505				Phon	ie no.			
May	the IBS d	iscuse this				above? See instruc						▶ [X	Yes	No No
iviay l	HIS U	iocuso uno	, , o to the wind	ο ρι υμαι σ					 	•				-EZ (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** INSTITUTE FOR REGIONAL EDUCATION 85-0226484 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (III) Type of organization (v) Amount of monetary (ii) EIN (vi) Amount of other n your gaverning documen (described on lines 1-10 organization support (see instructions) support (see instructions)

Total

P	irt II Support Schedule for					id 170(b)(1)(A	(vi) Page 2/
	(Complete only if you checke						
	fails to qualify under the test						
Se	ction A. Public Support						-/-
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2515	(3) 20.14	(0) 2010	(0) 2010	(6) 2017	(i) Total
	membership fees received (Do not						
	include any "unusual grants.")	}					
2	Tax revenues levied for the organ-			 			
	ization's benefit and either paid to						
	or expended on its behalf				i		
3	The value of services or facilities			-			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		Î		7	†	<u> </u>
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			/			
	amount shown on line 11,				1		
	column (f)				<u> </u>		
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		/				
	dividends, payments received on	_			1		
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			i			
	activities, whether or not the		İ	ļ			
	business is regularly carried on				ļ	_	
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						-
	Total support. Add lines 7 through 10	-4- /	L	<u> </u>	<u>L</u>	 	
	Gross receipts from related activities,					12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for organization, check this box and stor		s iirst, secona, tnii	ra, tourth, of tifth t	ax year as a section	on 501(c)(3)	. □
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2017 (I			column (fl)		14	%
	Public support percentage from 2016			J J J J J J J J J J J J J J J J J J J	•	15	
	33 1/3% support test - 2017. If the c		-	n line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies						▶□
b	33 1/3%/support test - 2016. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check	this box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			▶□
17a	10% facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 109	6 or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
b	/10% -facts-and-circumstances tes	t - 2016. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 i	s 10% or
	more, and if the organization meets th						
	organization meets the "facts and-circ	cumstances" test	The organization	qualifies as a publi	icly supported org	anization	
<u>/18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	ns >
					Sch	edule A (Form 99	0 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 INSTITUTE FOR REGIONAL EDUCATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part Ii. If the organization fails to

	alify under the tests listed b	elow, please comp	olete Part II)				
	Public Support			· · · · · · · · · · · · · · · · · · ·	_	,	
• •	or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	nts, contributions, and						
	hip fees received (Do not ny "unusual grants.")	2,700.	500.	2,100.	3,870.	5,900.	15,070.
	eipts from admissions,			2,100.	3,070.	3,500.	13,070.
merchand formed, o any activi	dise sold or services per- r facilities furnished in ty that is related to the ion's tax-exempt purpose	37,594.	80,136.	37,727.	29,798.	71,524.	256,779.
3 Gross rec	eipts from activities that						
are not ar	unrelated trade or bus-						
iness und	er section 513						
ization's b	ues levied for the organ- penefit and either paid to ded on its behalf						
5 The value	of services or facilities						
	by a governmental unit to ization without charge						
	d lines 1 through 5	40,294.	80,636.	39,827.	33,668.	77,424.	271,849.
7a Amounts	included on lines 1, 2, and			_			
	d from disqualified persons						0.
from other th	luded on lines 2 and 3 received an disqualified persons that reater of \$5,000 or 1% of the						
	ne 13 for the year	9,433. 9,433.		2,500.		2,500.	
c Add lines		9,433.		2,500.		2,500.	
	pport. (Subtract line 7c from line 6.)						257,416.
	Total Support						
	or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015 39,827.	(d) 2016	(e) 2017	(f) Total
9 Amounts		40,294.	80,636.	39,827.	33,668.	77,424.	271,849.
dividends securities	ome from interest, , payments received on loans, rents, royalties, ne from similar sources	14,572.	98.	15,586.	45.	46.	30,347.
(less section	ousiness taxable income in 511 taxes) from businesses iter June 30, 1975						
c Add lines	10a and 10b	14,572.	98.	15,586.	45.	46.	30,347.
11 Net incom activities i	ne from unrelated business not included in line 10b, or not the business is			-			
or loss fro	ome Do not include gain om the sale of capital oplain in Part VI)			-			
	Off. (Add lines 9, 10c, 11, and 12)	54,866.	80,734.	55,413.	33,713.	77,470.	302,196.
14 First five	years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
check this	s box and stop here					<u> </u>	▶□
Section C.	Computation of Publ	ic Support Per	rcentage				
	oport percentage for 2017 (I	•	-	olumn (f))		15	85.18 %
16 Public sur	oport percentage from 2016	Schedule A, Part	III, line 15			16	84.85 %
Section D.	Computation of Inves	stment Income	e Percentage				
17 Investmen	nt income percentage for 20	17 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	10.04 %
18 Investmen	nt income percentage from 2	2016 Schedule A, F	Part III, line 17			18	10.88 %
19a 33 1/3% s	support tests - 2017. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
more than	n 33 1/3%, check this box a	nd stop here . The	organization qualif	ies as a publicly s	upported organiza	ation	$\triangleright X$
	support tests - 2016. If the not more than 33 1/3%, che						and D
	oundation. If the organization			•		-	▶□
732023 10-06-17						dule A (Form 990	or 990-EZ) 2017
				7		•	•

Schedule A (Form 990 or 990-EZ) 2017 INSTITUTE FOR REGIONAL EDUCATION

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A. D. and C. and D. and complete Part V.)

	tion A. All Supporting Organizations		1,,	T
	Are all of the argament on a comparing annual state of the argament of the arg		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>	<u> </u>	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		1	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			i
	purposes	1		
E -		4c	\vdash	├
28	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			l
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			ŀ
	was accomplished (such as by amendment to the organizing document)	5a		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		ŀ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ŀ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	- 00		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	- 35		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9-		
10-		9c		_
ıva	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer 10b below.	10a		<u> </u>
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	40.		
	determine whether the organization had excess business holdings)	10b	l	l

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Schedule A (Form 990 or 990-EZ) 2017

	edule A (Form 990 or 990-EZ) 2017 INSTITUTE FOR REGIONAL EDUCATION 85-	022648	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		 -
	A 35% controlled entity of a person described in (a) or (b) above?//f "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
1	Did the directors to interest as a second parking of any angular distriction to the second parking of any angular distriction of		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations	2		Щ.
	tion of type it supporting organizations		V	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Г	Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ĺ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			-
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		}	ĺ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	25		l
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sche	dule A (Form 990 or 990-EZ) 2017 INSTITUTE FOR REGIONAL	EDUCA	TION	85-0226484 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain	in Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain_	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2017

Sche Par	dule A (Form 990 or 990-EZ) 2017 INSTITUTE FOR			5-0226484 Page 7
	1 2	(a)(a) Supporting Orga	dilizations (continued)	O
	on D - Distributions			Current Year
1_2	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity	or barboses or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported examination		
4	Amounts paid to acquire exempt-use assets	es or supported organization	15	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions, Add lines 1 through 6			
	Distributions to attentive supported organizations to which the			
Ü	(provide details in Part VI) See instructions	re organization is responsive	5	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·	·	
<u></u>	Line o amount divided by line 9 amount	(i)	(iı)	(iu)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
辶	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7\$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions	<u> </u>		
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.			
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015		···-	
	Excess from 2016	_ ·		
e	Excess from 2017			l _

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E	Z) 2017 🗓	NSTITU	TE FO.	K KEGIO	NAL I	SDUCATION	١	85-0226484 Page
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec Section D, lines 5,	Informa lines 1, 2, tion D, line 6, and 8;	ation. Prov 3b, 3c, 4b, 4s, 2 and 3, P	ide the exp 4c, 5a, 6, 9 art IV, Sect	olanations requ a, 9b, 9c, 11a tion E, lines 1d	ured by F , 11b, and c. 2a. 2b.	Part II, line 10, Part IV, So d 11c, Part IV, So 3a. and 3b. Part	art II, line 17a or ection B, lines 1 V. line 1. Part V	17b, Part III, line 12, and 2; Part IV, Section C, Section B, line 1e, Part V.
	(See instructions)								
									
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization				Employer identification number
		TE FOR REGIONAL			<u>85-0226484</u>
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 5	27 organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	tical campaign activities	ın Part IV	▶ \$
Pa	art I-B Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax			<u> </u>	> \$
	Enter the amount of any excise tax			5	▶ \$
	If the organization incurred a section	. •	•		Yes No
42	Was a correction made?			•	Yes No
t	If "Yes," describe in Part IV		-		
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section	501(c)(3).
1	Enter the amount directly expended	d by the filing organization for s	section 527 exempt fund	tion activities	▶ \$
2	Enter the amount of the filing organ	ization's funds contributed to	other organizations for s	ection 527	
	exempt function activities		<u>-</u>		▶ \$
3	Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POL	-1	
	line 17b		_		▶\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (l	EIN) of all section 527 po	olitical organizations to	which the filing organization
	made payments. For each organiza	tion listed, enter the amount p	aid from the filing organi	zation's funds. Also en	ter the amount of political
	contributions received that were pro-	omptly and directly delivered to	o a separate political org	janization, such as a se	eparate segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	ovide information in Part	: IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	o's contributions received and
				 	

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

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017					226484 Page 2
Part II-A Complete if the orga	anization is e	cempt under section	n 501(c)(3) and file	ed Form 5768 (e	ection under
section 501(h)).					
A Check X If the filing organization	on belongs to an	affiliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share					
B Check ▶ if the filing organizat	ion checked box /	A and "limited control" pro	ovisions apply.		
Limit: (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals			
4 a Total table on a constitution to wife		- (0.	0.
1a Total lobbying expenditures to influ	0.	0.			
b Total lobbying expenditures to influ	•	body (direct lobbying)	}	0.	0.
c Total lobbying expenditures (add lin	•		}	53,923.	111,784.
d Other exempt purpose expenditure		1 4 -45	}	53,923.	111,784.
e Total exempt purpose expenditures	•	•	<u> </u>	10,785.	22,357.
f Lobbying nontaxable amount Enter				10,703.	44,337.
		lobbying nontaxable am			
	Not over \$500,000 20% of the amount on line 1e				
Over \$500,000 but not over \$1,000		1,000 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000				
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
Over \$17,000,000	\$1,0	00,000			ĺ
- Crassrata pontavable emplint (ant	tov 050/ of line 16			2,696.	5,589.
g Grassroots nontaxable amount (ent	•	-	ŀ	2,050.	3,303.
h Subtract line 1g from line 1a If zero	,	0.	0.		
i Subtract line 1f from line 1c If zero		ar has to did the second	-tue file Ferrer 4700		<u> </u>
J If there is an amount other than zer reporting section 4911 tax for this y		or line 11, did the organiz	ation file Form 4720	[Yes No
(Some organizations th	at made a sectio	Averaging Period Under n 501(h) election do not parate instructions for li	have to complete all o	of the five columns b	elow.
	Lobbying Ex	penditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	38,09	49,567.	24,650.	22,357.	134,669.
b Lobbying ceiling amount (150% of line 2a, column(e))					202,004.
c Total lobbying expenditures					
d Grassroots nontaxable amount	9,524	1. 12,392.	6,163.	5,589.	33,668.
e Grassroots ceiling amount (150% of line 2d, column (e))					50,502.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

or each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or	1 -			
local legislation, including any attempt to influence public opinion on a legislative matter	1	1		
or referendum, through the use of	, , ,			
a Volunteers?	 			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?	 			
e Publications, or published or broadcast statements?	 			
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	ļ			
i Other activities?	 			
j Total Add lines 1c through 1i	ļ			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912	1			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	 			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501/a)/	(F) 07 00	ation.	
501(c)(6).	ion son(c)(o), or sec	Suon	
(-//-/-			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year			
Part III-B Complete if the organization is exempt under section 501(c)(4), sect			ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," OF	(b) Part	III-A, lin	ıe 3,
answered "Yes."	·			
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	1 1		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?	-	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	ip list), Part II-	A, lines 1 ai	nd 2 (see	
istructions); and Part II-B, line 1. Also, complete this part for any additional information				

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017
Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Open to Publi Inspection

Name of the organization Employer identification number INSTITUTE FOR REGIONAL EDUCATION 85-0226484 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST 3. FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: ROYALTY 43. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: FEES AND MISCELLANEOUS 223. BOOKKEEPING 1,138. WEBSITE 200. ROYALTIES 13,166. PAYROLL TAXES 497. STORAGE 3,042. TOTAL TO FORM 990-EZ, LINE 16 18,266. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR FILM PROJECTS 348,299. 349,656. 1,700. PREPAID - SECURITY DEPOSIT 1,700. LIBRARY 627. 627. TOTAL TO FORM 990-EZ, LINE 24 350,626. 351,983.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

INSTITUTE FOR REGIONAL EDUCATION 85-0226484 FILM PROJECTS, DOCUMENTARY FILMS, WORLD-WIDE DISTRIBUTION, DEVELOPMENT AND DISSEMINATION OF MEDIA AND EDUCATIONAL MATERIALS, WITH AUDIENCES ESTIMATED IN THE TENS OF THOUSANDS. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	Schedule O (Form 990 or 990-E2) (2017)	Page 2
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	OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	