				arra e a eres e de	*****	** ***	
	0)0 F7	Short Form				OMB No 1545-1150
` For	n 9 ;	90-EZ	Return of Organization Exempt Fro	om Income	: Tax	(2040
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (except private	founda	ations)	2018
						,	
Done	rtmont	of the Treesure	▶ Do not enter social security numbers on this form as it				Open to Public
		of the Treasury enue Service	▶ Go to www.irs.gov/Form990EZ for instructions and the	ne latest informati	on. 19	()4	Inspection
Ā	For the	e 2018 calenda		and ending AP)19
B	Jheck 1	C Na	ime of organization				ntification number
	Ť	ess change (
			ISTITUTE FOR REGIONAL EDUCATION		85	-022	26484
	Initia		ber and street (or P O box, if mail is not delivered to street address)	Room/surte	E Telepl	none nu	mber
	Final termi	return/ inated P(BOX 2404		50	5-98	38-9800
	Ame		or town, state or province, country, and ZIP or foreign postal code	12	F Group	Exemp	tion
	Applic	ation pending SA	NTA FE, NM 87504-0404	03	Numb	er ►	
		nting Method	X Cash Accrual Other (specify) ▶		H Check		If the organization is
			QATSI.ORG_	, ,		•	o attach Schedule B
				7(a)(1) or 527	(Form	990, 99	90-EZ, or 990-PF).
		=	X Corporation Trust Association Other				
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total assets (Part I	l, _	•	71 170
			100 or more, file Form 990 instead of Form 990-EZ •, Expenses, and Changes in Net Assets or Fund Balar	noos (see the leatry	ations to	- \$ Do-+ 1\	71,179.
P	art I.			ices (see me msnu	CHONS IO	i Pail i)	X
_	1		organization used Schedule O to respond to any question in this Part I		-	1	0.
	2		e revenue including government fees and contracts		 -	2	66,103.
	3		ues and assessments		H	3	00,103.
	4	Investment inc	•	HEDULE O		4	8.
	5a		from sale of assets other than inventory 5a		_ <u> </u>	.	
	Ь		ther basis and sales expenses 5b			٠]	
	С	Gain or (loss) f	rom sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fu	ndraising events*				
Φ	a	Gross income i	rom gaming (attach Schedule G if greater than		7		
Revenue		\$15,000)	6a				
₹.	b	Gross income t	rom fundraising events (not including \$ of contri	ibutions		İ	
_			g events reported on line 1) (attach Schedule G if the su <u>m.of such</u>				
		•	ind contributions exceeds \$15,000)	/FD			
			penses from gaming and fundraising events		_		
			loss) from gaming and fundraising events (add lines 64 226 6b and subtract line			6d	
			nventory, less returns and allowances 8 NOV 173 2	COLD CLOS	\dashv		
		Less cost of ge				7c	
	8		(loss) from sales of inventory (Subtract line 7b from line 7a) OGRESO	HEDULE O	 -	8	5,068.
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	TIED OBE O		9	$\frac{3,000.}{71,179.}$
	10		ilar amounts paid (list in Schedule 0)		-	10	, , , , , , , ,
	11		or for members		- ⊢	11	
ģ	12	-	compensation, and employee benefits			12	12,676.
Expenses	13	•	es and other payments to independent contractors		-	13	15,060.
ж ф	14		t, utilities, and maintenance			14	31,380.
ω	15		ations, postage, and shipping			15	13,904.
	16	Other expenses	(describe in Schedule 0) SEE SC	HEDULE O		16	13,283.
	17		Add lines 10 through 16	·		17	86,303.
ξī.	18	-	cit) for the year (Subtract line 17 from line 9)			18	<15,124.
ssets	19		ind balances at beginning of year (from line 27, column (A))		_		200 054
×	Ī	(must annee wit	h end-of-year figure reported on prior year's return)		1	19 l	382.351.

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

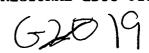
Other changes in net assets or fund balances (explain in Schedule O)

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

Form **990-EZ** (2018)

367,227.

832171 12-11 18



Forn	n 990-EZ (2018)	DUCATION		85-	02264	. 84 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	spond to any questic	n in this Part II			\mathbf{x}
		10 4.17 4000.10	(A) Beginning of year	T^{-}	(B) E	ind of year
22	Cash, savings, and investments		30,368	. 22	- `-'-	15,125.
23		•	30,300	23		
	Land and buildings Other assets (describe in Schedule O) SEE SCHEDULE (` 	351,983			352,102.
24	,	,	382,351			367,227.
25		_		-	<u> </u>	
26	Total liabilities (describe in Schedule 0)		0	. 26	ļ	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		382,351	. 27		367,227.
Pa	art III Statement of Program Service Accomplishme	•	•			kpenses
	Check if the organization used Schedule O to res			X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? EDUCATION MED	IA AND PROGRA	<u>ms</u>			ons; optional for
Doso	ribe the organization's program service accomptishments for each of its three largest program	services, as measured by expens	ses In a clear and concise		others.)	
mann	ner, describe the services provided, the number of persons benefited, and other relevant inform	mation for each program title				
28	SEE SCHEDULE O					
		·				
	(Grants \$) If this amount includes foreign	grants check here			28a	86,303.
29	/ // till different in control of the control of th	g. a				
			-	—		
	(Grants \$) If this amount includes foreign	grants, chock have		\neg	29a	
30	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	_	234	
JU .						
				_		
		-				
	(Grants \$) If this amount includes foreign	grants, check here		إلىا	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here .	_	Щ	31a	
32	Total program service expenses (add lines 28a through 31a)		-		32	86,303.
Pa	art IV List of Officers, Directors, Trustees, and Key E	•		ee the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any questio	n in this Part IV	_		
		(b) Average hours		(d) Hea	alth benefits, ibutions to	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms			
	(a) Name and title	II Y	W-2/1099-MISC)	emplo	yee benefit	amount of other
	(a) Name and the	position	W-2/1099-MISC) (if not paid, enter -0-)	empto pians, a		amount of other compensation
ST	EPHEN J. GOLDIN	II Y		empto pians, a	yee benefit and deferred	
	EPHEN J. GOLDIN	position		empto pians, a	yee benefit and deferred	compensation
PR	EPHEN J. GOLDIN ESIDENT/DIRECTOR	II Y	(if not paid, enter -0-)	empto pians, a	yee benefit and deferred pensation	
PR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO	position 1.00	(if not paid, enter -0-)	empto pians, a	yee benefit and deferred pensation	compensation 0 .
PR GO V.	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR	position	(if not paid, enter -0-)	empto pians, a	yee benefit and deferred pensation	compensation
PR GO V. LA	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB	1.00 40.00	(if not paid, enter -0-) 0 •	empto pians, a	yee benefit and deferred pensation 0.	0 .
PR GO V. LA SE	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR	position 1.00	(if not paid, enter -0-)	empto pians, a	yee benefit and deferred pensation	compensation 0 .
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR	1.00 40.00	(if not paid, enter -0-) 0 •	empto pians, a	yee benefit and deferred pensation 0.	0 .
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
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PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
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PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
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PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.
PR GO V. LA SE BR	EPHEN J. GOLDIN ESIDENT/DIRECTOR DFREY REGGIO PRES/DIRECTOR WRENCE TAUB C. & TREAS./DIRECTOR ADFORD SMITH	1.00 40.00 20.00	(if not paid, enter -0-) 0. 6,600. 3,796.	empto pians, a	yee benefit and deferred pensation 0 •	0.



Forn	1 990-EZ (2018) INSTITUTE FOR REGIONAL EDUCATION 85-0226	484		Page 3
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın th	е	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34_		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A_
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	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		_ <u>x</u>
Jöä	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			X
	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 38b N/A	38a		A
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:			
39	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; 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		Х
C	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			l Ì
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			J. 1
	by the organization $lacktriangle$			ľ }
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		X
	List the states with which a copy of this return is filed ► NM The organization's books are in care of ► LAWRENCE TAUB Telephone no ► 505-98	Ω_0	<u> </u>	
42 d	Located at > 1802 2ND STREET, UNIT #1, SANTA FE, NM ZIP+4 > 8			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	, 50	<u> </u>	
١,	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	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			\Box
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ſ		
44.	Old the accomption resistance and depart adjusted friends discuss the second HEV-s I Four AND resistance and resistance of		Yes	NO
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	44a		X
ь	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	770		
U	of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor fanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	_		
-	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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		
		orm 9	90-EZ ((2018)

Form 990-8	EZ (2018)	INSTITUTE FOR F	REGIONAL	EDUCATION			85-0226	<u>48</u> 4	1	Page 4
1									Yes	No
46 Did th	he organizatio	on engage, directly or indirectly, in po	ilitical campaign ai	ctivities on behalf of or	ın opposition	to candidates for pu	ablic office?			
lf "Ye		Schedule C, Part I						46		X
Part V	∐ Sectio	on 501(c)(3) Organization	s Only							
	All secti	ion 501(c)(3) organizations must	answer questior	ns 47-49b and 52, ar	nd complete	the tables for line	es 50 and 51			
	Check	f the organization used Schedule	O to respond t	o any question in thi	s Part VI					<u>لبا</u>
									Yes	No
47 Did ti	he organizatio	on engage in lobbying activities or ha	ve a section 501(h	ı) election in effect duri	ng the tax yea	ar? If "Yes," complete	e Sch. C, Part II	47	Х	<u> </u>
48 Is the	e organization	a school as described in section 170	ን(b)(1)(A)(װ)? lf "ነ	es," complete Schedule	e E			48		X
	-	on make any transfers to an exempt n		ted organization?		-		49a		X
b If "Ye	s," was the re	elated organization a section 527 orga	inization?				į	49b		L
50 Comp	plete this table	e for the organization's five highest c	ompensated empl	oyees (other than office	ers, directors	, trustees, and key e	mployees) who e	ach re	ceived	more
than :		compensation from the organization.								
		(a) Name and title of each employee		(b) Average		(C) Reportable compensation (Forms	(d) Health benefits contributions to) Estun	
				per week de		W-2/1099-MISC)	employee benefit plans, and deferre		ount of mpens	
		NONNON	1E	positio	<u></u>		compensation		Прспа	
	···									
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	 				İ					
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								1		
f Total		ther employees paid over \$100,000						Щ.		
<u>org</u> an	nization. If the	e for the organization's five highest co ere is none, enter "None." NON business address of each independe	IE	Dendent contractors wh		Type of service			om the	
	· <i>'</i>		······································				1			
							T			
							1			
		ther independent contractors each rec	•			-				
	•	n complete Schedule A? Note: All se	ction 501(c)(3) or	ganizations must attacl	ha		٠ ٦	<u></u>		¬
	leted Schedu							X Ye		<u> </u>
		ry, I declare that I have examined this						ge and	d belief,	, it is
true, correc	t, and comple	ete Declaration of preparer (other tha	an officer) is based	d on all information of v	vnich prepare	er has any knowledgi	e.			
0:	Signatur	of office.		 			08Nov19	<u>+</u>		
Sign Here				Codfron	Poggio	, Vice Pre	ridont			
11010	Type or p	print name and title		Godfrey	Reggio	, vice Pie	sidelic			
	l -	vpe preparer's name	Preparer's signe	nture	Date	Check	if PTIN			
	[[[[[[[[[[[[[[[[[[[[ype preparer 3 manie	Treparer 3 sings		Duit	self- employ	-			
Paid	Lawı	rence Taub	-AST C		VOUSO	19	P00	าวล	605	
Prepare	I FIRM'S I	name LAWRENCE TAU	IR COINIGE	ELLOR AT LA	W PC	Firm's EIN			000	
Use Onl	IV	address ► 1000 CORDOV		STE 618	144 E.C	Phone no.				—
	1 " " " "	SANTA FE, N				Enous 110.				
May the IDG	S discuss the	s return with the preparer shown above					<u> </u>	X Ye	s T	No
iviay tile IHS	ง นเจนนจร เปร	s retain with the brebaret shown above	ACT DES HISH REGIO	113					90-F7/	

SCHEDULE A

Department of the Treasury

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 85-0226484 INSTITUTE FOR REGIONAL EDUCATION 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, 4 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. J 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. d Lype 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 I, Type II, Type III 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 (v) Amount of monetary (i) Name of supported (III) Type of organization (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

<u>Total</u>

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85-0226484 Page 2 Schedule A (Form 990 or 990-EZ) 2018 INSTITUTE FOR REGIONAL EDUCATION Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 **(b)** 2015 1 Gifts, grants, contributions, and membership lees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without chard 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2016 (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here A Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line/6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2017/Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part Vittow the organization meets the "facts-and-fircumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part Vinow the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018 Schedule A (Form 990 or 990-EZ) 2018 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

Se	ction A. Public Support	lelow, please comp	nete Part II)				-
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		(0) = 0 \ \ 0	(4) = 4 : 4	1-1-2	10/2010	(-7 /
	membership fees received (Do not	l				ł	
	include any "unusual grants.")	500.	2,100.	3,870.	5,900.	0.	12,370.
2	Gross receipts from admissions,						, , , , , ,
_	merchandise sold or services per-						
	formed, or facilities furnished in			l			
	any activity that is related to the organization's tax-exempt purpose	80,136.	37,727.	29,798.	71,524.	5,068.	224,253.
2	Gross receipts from activities that	30,1301	3,,,2,0	237,7301	71,521	3,000.	221,233
J	are not an unrelated trade or bus-						
	iness under section 513						
							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf			-			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	00 606	- 20 005	-32 550	77 404	5 0.50	006 600
	Total. Add lines 1 through 5	80,636.	39,827.	33,668.	77,424.	5,068.	236,623.
7 <i>a</i>	Amounts included on lines 1, 2, and		1				_
	3 received from disqualified persons						0.
t) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		2,500.		2,500.	20,800.	25,800.
	: Add lines 7a and 7b		2,500.		2,500.	20,800.	25,800.
8_	Public support. (Subtract line 7c from line 6.)						210,823.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	80,636.	39,827.	33,668.	77,424.	5,068.	236,623.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	98.	15,586.	45.	46.	8.	15,783.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975		į				
С	Add lines 10a and 10b	98.	15,586.	45.	46.	8.	15,783.
11	Net income from unrelated business			_		-	
	activities not included in line 10b,						
	whether or not the business is regularly carried on			i			
12	Other income Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	80,734.	55,413.	33,713.	77,470.	5,076.	252,406.
	First five years. If the Form 990 is for	······································					
	check this box and stop here			., ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (II			olumn (f))		15	83.53 %
	Public support percentage from 2017		•			16	85.18 %
	tion D. Computation of Inves			-		•	
	Investment income percentage for 20			e 13, column (f))		17	6.25 %
	Investment income percentage from 2		• • • •			18	10.04 %
	33 1/3% support tests - 2018. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						▶ X
h	33 1/3% support tests - 2017. If the						•
J	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18					dule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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 and D, and complete Part V)

Decitori A. All Supporting Organizations	
4	

Sec	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	140
	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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	J]
	(b) and (c) below	3a		
b	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	l		_
	organization made the determination	3 b	<u> </u>	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			l
	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			
	"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			
	despite being controlled or supervised by or in connection with its supported organizations	4b		<u> </u>
¢	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)			
	purposes	4c	<u> </u>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	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	<u> </u>		
	was accomplished (such as by amendment to the organizing document)	5a	-	
b	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>	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>	<u> </u>	
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	ł	1	ł
	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	۳	-	
•	(as 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		
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	l		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		-	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	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			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

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Schedule A (Form 990 or 990-EZ) 2018

determine whether the organization had excess business holdings)

Sch	edule A (Form 990 or 990-EZ) 2018 INSTITUTE FOR REGIONAL EDUCATION 85-0	22648	4 P	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		├
	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	Ļ
Sec	tion B. Type I Supporting Organizations		TV	T 11-
1	Did the directors trustees or membership of one or more supported organizations have the newer to		Yes	No
•	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	1		
	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		ļ	ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	ł	1	
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			ĺ
	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			ļ
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			İ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u> </u>		
2	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			İ
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		١,٠	İ
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u> </u>	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	s).	_	
a	The organization satisfied the Activities Test Complete line 2 below	•		
ь	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 in	structions	s).	
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>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		ļ
	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.			
а	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? Provide details in Part VI.	3a_		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	ـــا	

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Sch	edule A (Form 990 or 990-EZ) 2018 INSTITUTE FOR REGIONAL	EDUC	ATION	85-0226484 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain	ın Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
Sec	tion 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		4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	177		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Mınımum 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		<u>-</u> -	
	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,	TT		
	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	ly integrat	ted Type III supporting	organization (see
	instructions)	-		

Schedule A (Form 990 or 990-EZ) 2018

Sche	dule A (Form 990 or 990-EZ) 2018 INSTITUTE FOR Type III Non-Functionally Integrated 509	REGIONAL EDUC	ATION 8	5-0226484 Page	<u>7</u>
Pai	<u> </u>	_			
Sect	on D - Distributions			Current Year	_
1	Amounts paid to supported organizations to accomplish exe				_
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		_		
3	Administrative expenses paid to accomplish exempt purpos	ns		_	
4	Amounts paid to acquire exempt use assets			<u> </u>	
_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				
8	Distributions to attentive supported organizations to which the	he organization is responsivi	e		
	(provide details in Part VI) See instructions				_
9	Distributable amount for 2018 from Section C, line 6				_
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·			_
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(iı) Underdıstributions Pre-2018	(III) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				_
2	Underdistributions, if any, for years prior to 2018 (reason-			ļ	1
	able cause required- explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2018				_!
а	From 2013				_1
b	From 2014				_}
С	From 2015				_
d	From 2016				_
е	From 2017				_
T.	Total of lines 3a through e				_,
g	Applied to underdistributions of prior years				<u>_</u>
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				\equiv
j	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2018 from Section D,				-1
	line 7 \$				ŀ
а	Applied to underdistributions of prior years				_
b	Applied to 2018 distributable amount				
С	Remainder Subtract lines 4a and 4b from 4				_1
5	Remaining underdistributions for years prior to 2018, if				1
	any Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2018 Subtract lines 3h				
	and 4b from line 1 For result greater than zero, explain in				
	Part VI. See instructions				_
7	Excess distributions carryover to 2019. Add lines 3j				Ī
	and 4c.				_
8	Breakdown of line 7				
а	Excess from 2014				$\bar{\bot}$
b	Excess from 2015				三
С	Excess from 2016				Ī
	Excess from 2017				Ī
	Evcess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 99	30 EZ) 2018	INSTITU	TE FUR	REGIONAL	EDUCATIO.	N	85-0226484 Page
Part VI	Section D, line	S O, O, and	mation. Provid 2, 3b, 3c, 4b, 4d lines 2 and 3, Pa 8; and Part V, Se	le the explar c, 5a, 6, 9a, 9 rt IV, Section ection E, lines	nations required t 9b, 9c, 11a, 11b, n E, lines 1c, 2a, 2 s 2, 5, and 6 Also	by Part II, line 10, P and 11c, Part IV, S 2b, 3a, and 3b, Par b complete this par	art II, line 17a or Section B, lines 1 t V, line 1, Part V, t for any addition	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e, Part V, al information
	(See instruction	<u>ns)</u>					 	
				····				
								
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

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.

2018
Open to Public Inspection

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

 Section 501(c)(4), (5), or (6) organiza 	tions Complete Part III			
Name of organization			Em	oloyer identification number
INSTITU	TE FOR REGIONAL	EDUCATION		85-0226 <u>4</u> 84
Part I-A Complete if the org	ganization is exempt un	der section 501(c	or is a section 527	organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa 	tures	ical campaign activities	ın Part IV	\$
Part I-B Complete if the org	ganization is exempt un	der section 501(c	<u>)(3)</u>	
1 Enter the amount of any excise tax	incurred by the organization un	ider section 4955	>	\$
2 Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5	\$
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	ganization is exempt un	der section 501(c	, except section 501	(c)(3).
1 Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities	\$
2 Enter the amount of the filing organ	nization's funds contributed to o	other organizations for s	section 527	
exempt function activities		•	•	\$
3 Total exempt function expenditure:	s Add lines 1 and 2. Enter here	and on Form 1120-POI	_,	
line 17b	•			\$
4 Did the filing organization file Form	1120-POL for this year?			└─ Yes └─ No
5 Enter the names, addresses and en made payments. For each organization contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount paromptly and directly delivered to	aid from the filing organ a separate political org	ization's funds. Also enter ganization, such as a sepa	the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
S. D d. D. d. at an Ast Matina	and the Instructions for Form	000 or 000 E7	Schodulo	C (Form 990 or 990-FZ) 2018

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

Schedule C (Form 990 or 990-EZ) 2018

LHA 832041 11-08-18

Schedule C (Form	m 990 or 990-EZ) 2018]	NSTITUTE F	OR REGIONAL	EDUCATION	85-0	226484 Page 2
	Complete if the orga	anization is exe	mpt under section	n 501(c)(3) and file	ed Form 5/68 (el	ection under
	ection 501(h)).		 	5		
A Check ► □	If the filing organizati			Part IV each affiliated	group member's nam	ie, address, EIN,
B 05	 1	e of excess lobbying	• '			
B Check ► L	ir the filling organizati	ion checked box A ai	nd "limited control" pro	ovisions apply	(a) Filing	(b) Affiliated group
		s on Lobbying Expe			organization's	totals
	(The term "expend	itures" means amou	ints paid or incurred.))	totals	
1a Total lobby	ying expenditures to influ	ence public opinion (grass roots lobbying)		0.	0.
•	ying expenditures to influ		•	·	0.	0.
c Total lobby	ying expenditures (add lin	nes 1a and 1b)			0.	0.
d Other exer	npt purpose expenditure	s			67,701.	102,588.
e Total exem	npt purpose expenditures	(add lines 1c and 1c	d)		67,701.	102,588.
f Lobbying r	nontaxable amount Enter	the amount from the	e following table in bot	h columns	13,540.	20,518.
If the amou	nt on line 1e, column (a) or	(b) is The lob	bying nontaxable am	ount is:		
Not over \$			the amount on line 1e			
	,000 but not over \$1,000		0 plus 15% of the exc			
	00,000 but not over \$1,50		00 plus 10% of the exc			
	00,000 but not over \$17,0		00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,0	000,000	\$1,000,	000			
			· · · · · ·		3,385.	5,130.
•	s nontaxable amount (ent	•		ŀ	3,363.	3,130.
h Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0-					0.	0.
	an amount other than zero	• • • • •	line 1. did the organiza	L ation file Form 4720		
	section 4911 tax for this y		inc 11, did the organiza	attorn inc 1 orm 4120	Г	Yes No
			raging Period Under	Section 501(h)		
1	(Some organizations the	at made a section 5	01(h) election do not	have to complete all o	of the five columns b	elow.
		See the separa	ate instructions for lir	nes 2a through 2f.)		
		Lobbying Exper	ditures During 4-Yea	r Averaging Period		
	endar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) ⊺otal
(or fiscal y	rear beginning in)					
				-		
2a Lobbying r	nontaxable amount	49,567.	24,650.	22,357.	20,518.	117,092.
b Lobbying o	ceiling amount					
(150% of li	ine 2a, column(e))		ŧ			175,638.
c Total lobby	ying expenditures					
		12 202	5 162	5,589.	E 130	20 274
d Grassroots	t nontavable amount i	12,392.	6,163.	2,303.	5,130.	29,274.
- 0						
	s ceiling amount					43 911
						43,911.

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 o	r 990 FZ\ 2018	INSTITUTE	FOR	REGIONAL	EDUCATION

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
of the lobbying activity	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				-
i Other activities?			_	
j Total Add lines 1c through 1i				
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				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_	ļ	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(a)	(E) or oc	otion	
Part III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	11 301(0)	(o), or se	CHOH	
	-		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		T 1	- 105	
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2	1	
Did the organization make only invidue lobbying expenditures of \$2,000 or loss? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior vea			
Part III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)		ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
Dues, assessments and similar amounts from members		1		
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 	al			
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 exce	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po-	olitical	ļ		
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II A (affiliated group instructions), and Part II-B, line 1. Also, complete this part for any additional information	list), Part II	l-A, lines 1 a	and 2 (see	

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

OMB No 1545-0047 D 18 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 85-0226484 INSTITUTE FOR REGIONAL EDUCATION FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST 8. FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: ROYALTY 5,068. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 1,749. BOOKKEEPING 9,978. ROYALTIES PAYROLL TAXES 717. INSURANCE 839. TOTAL TO FORM 990-EZ, LINE 16 13,283. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR) 349,656. 349,775. FILM PROJECTS 1,700. PREPAID - SECURITY DEPOSIT 1,700. LIBRARY 627. 627. 351,983. 352,102. TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: FILM PROJECTS, DOCUMENTARY FILMS, WORLD-WIDE DISTRIBUTION, DEVELOPMENT AND DISSEMINATION OF MEDIA AND EDUCATIONAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-E2) (2018)	Page 2
Name of the organization INSTITUTE FOR REGIONAL EDUCATION	Employer identification number 85-0226484
MATERIALS, WITH AUDIENCES ESTIMATED IN THE TENS OF	
THOUSANDS.	
	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	UNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREM	IUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

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.

OMB No 1545-0047 2018

Open to Public Inspection

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► Attach to Form 990 or 990-EZ.

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Name of the organization	Employer identification number
MARIN AQUATIC MASTERS	46-3841579
PART I LINE 16 OTHER EXPENSES:	
SUPPLIES \$2,922	
WORKERS COMP \$2,552	
WORKER'S COMF \$2,332	
BANK CHARGES \$2,348	
PAYROLL PROCESSING \$1,823	
1. M. OLE 1. KOOLESSINO \$ 1,025	
SOFTWARE \$1,463	
DUES 4004	
DUES \$964	
SHIPPING \$96	
ADVERTISING \$46	
FEES \$35	
OFFICE \$191	
TOTAL \$12,440	
TOTAL \$12,440	
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