|          | 233040                                     | 28 /43960 29104010   | EX                                     | TENSION              | ATTACHE                   | Đ                      |
|----------|--|--|--|----------------------|---------------------------|------------------------|
|          |  | _I Shor  | t Form                                 |                      |                           | OMB No 1545-0047       |
| Fori     | ấ990-E                                     | Z Return of Organization   | <b>Exempt From</b>                     | Income               | <b>Tax</b>                | 0040                   |
|          |  | Under section 501(c), 527, or 4947(a)(1) of the In                 | -                                      |                      |                           | 2019                   |
|          |  | ► Do not enter social security number                              | rs on this form, as it may             | be made pu           | blic.                     | Open to Public         |
|          | ertment of the Treasunal Revenue Service   |  | instructions and the lat               | est informati        | on.2004                   | Inspection             |
|          |  | •  | 2019 and er                            | nding AP             |                           | 020                    |
| R        | Check it<br>applicable                     | C Name of organization   |  |                      | D Employer ide            | ntification number     |
| 느        | Address change                             |  |  |                      | 05 00                     | 26404                  |
| 느        | Name change                                | INSTITUTE FOR REGIONAL EDUC  |  | I O a a ser /a unita | 85-022<br>E Telephone nu  |                        |
| 누        | Initial return<br>Final return/            | PO BOX 2404  | auuress)                               | Hoom/suite           | -                         | 38-9800                |
| 늗        | terminated                                 | City or town, state or province, country, and ZIP or foreign pos   | tal code                               | J                    |                           |                        |
| <u> </u> | Amended return                             | SANTA FE, NM 87504-0404  | iai couc                               | 03                   | F Group Exemp<br>Number ► | uon                    |
| <u></u>  | Application pending I<br>Accounting Methor |  |  |                      |                           | If the organization is |
|          |  | WW.QATSI.ORG   |  |                      |                           | o attach Schedule B    |
|          |  |  | (insert no.) 4947(a)(1                 | ) or   527           |                           | 90-EZ, or 990-PF).     |
| _        | Form of organizat                          |  |  | 701 ( 321            | (1 0111 000; 01           | 50 22, 01 500 11 ).    |
|          | •  | and 7b to line 9 to determine gross receipts. If gross receipts ar |  | al assets (Part      | II.                       |                        |
|          |  | 5500,000 or more, file Form 990 instead of Form 990-EZ             | 5 <b>42</b> 55 65 65 65 65 65 65 65 65 | a. 400010 (. 4.1     | ,<br>▶ \$                 | 84,380.                |
| _        |  | nue, Expenses, and Changes in Net Asset                            | s or Fund Balances                     | s (see the instri    | uctions for Part I)       |                        |
|          |  | f the organization used Schedule O to respond to any question      | in this Part I                         |                      |                           | X                      |
|          | 1 Contribut                                | ions, gifts, grants, and similar amounts received                  |  |                      | 1                         | 4,999.                 |
|          | 2 Program                                  | service revenue including government fees and contracts            |  |                      | 2                         | 50,085.                |
|          | 3 Members                                  | hip dues and assessments   |  |                      | 3                         |                        |
|          | 4 Investme                                 | nt income  | SEE SCHEI                              | OULE O               | 4                         | 5.                     |
|          | 5a Gross am                                | ount from sale of assets other than inventory                      | 5a                                     |                      |                           |                        |
|          | 1  | t or other basis and sales expenses                                | 5b                                     |                      |                           |                        |
|          | 1  | oss) from sale of assets other than inventory (subtract line 5b fi | rom line 5a)                           |                      | 5c                        |                        |
|          | 1  | nd fundraising events:   |  |                      |                           |                        |
| he       | 1  | ome from gaming (attach Schedule G if greater than                 | 1 - 1                                  |                      |                           |                        |
| Revenue  | \$15,000)                                  |  | . 6a                                   |                      | <b></b>                   |                        |
| Re       | ī  | ome from fundraising events (not including \$                      | of contributio                         | ΠS                   |                           |                        |
|          | ì  | fraising events reported on line 1) (attach Schedule G if the sum  | 1 1                                    |                      |                           |                        |
|          | 1 -  | ome and contributions exceeds \$15,000)                            | 6b 6c                                  |                      |                           |                        |
|          |  | ect expenses from gaming and fundraising events                    | L                                      |                      |                           |                        |
|          | a Net incom                                | ne or (loss) from gaming and fundraising events (add lines 6a a    | no bo ano subtract line 60)            |                      | 6d                        |                        |

LHA For Paperwork Reduction Act Notice, see the separate instructions

7a Gross sales of inventory, less returns and allowances

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

Grants and similar amounts paid (list in Schedule 0)

Salaries, other compensation, and employee benefits

Professional fees and other payments to independent contractors

Excess or (deficit) for the year (subtract line 17 from line 9)

Not assets or fund balances at beginning of year (from line 27, column (A))

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

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

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

Other revenue (describe in Schedule 0)

Occupancy, rent, utilities, and maintenance

Printing, publications, postage, and shipping

Other expenses (describe in Schedule O)

Total expenses. Add lines 10 through 16

Benefits paid to or for members

c Gross profit or (loss) from sales of inventory (subtract line 7b from line-76

b Less cost of goods sold

Form **990-EZ** (2019)

29,291.

84,380.

10,411.

28,304.

16,964.

56,622.

27,758.

367,227.

394,985.

943.

n.

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932171 12-11-19

12

13

14

15

20

Net Assets

7a 7b

SEP 08 2020

OGDEN, UT

RECE IS CHEDULE O

SEE SCHEDULE O

SO

| Forn                                   | 1990-EZ (2019) INSTITUTE FOR REGIONAL ED   | UCATION   |             |  | <u>85-</u>                        | <u>02264</u>  | 04                           | Page 2                            |
|--|--|---|-------------|--|-----------------------------------|---|------------------------------|-----------------------------------|
| Pa                                     | rt II Balance Sheets (see the instructions for Part II)  | -   |             |  |                                   |   |                              |                                   |
|  | Check if the organization used Schedule O to resp  | ond to any que  | stion in t  | his Part II  |                                   |   |                              | $\mathbf{x}$                      |
|  |  |   |             | inning of year   |                                   | (B) E   | nd of year                   | r                                 |
| 22                                     | Cash, savings, and investments   |   |             | 15,125   | . 22                              |   | 41,                          | 314.                              |
| 23                                     | Land and buildings   |   |             | i  | 23                                |   |                              |                                   |
| 24                                     | Other assets (describe in Schedule 0) SEE SCHEDULE O   |   |             | 352,102  |                                   |   | 353,                         | 671.                              |
| 25                                     | Total assets   |   |             | 367,227  |                                   |   | 394,                         |                                   |
| 26                                     | Total liabilities (describe in Schedule 0)   |   |             | 0  |                                   |   |                              | 0.                                |
| 27                                     | Not assets or fund balances (line 27 of column (B) must agree with line 21)  |   |             | 367,227  |                                   |   | 394,                         | 985.                              |
|  | Int III Statement of Program Service Accomplishmen   | nts (see the insti                                      |             |  | -                                 | F.  | xpenses                      |                                   |
|  | Check if the organization used Schedule O to resp  | ,   |             | •  | X                                 | (Required   |                              | n                                 |
| Mha                                    | t is the organization's primary exempt purpose? EDUCATION MEDI   |   |             | IIIS I GIL III   |                                   | 501(c)(3)   |                              |                                   |
|  |  |   |             |  |                                   | organizatı<br>others )  | ons, opuo                    | nai ior                           |
|  | ribe the organization's program service accomplishments for each of its three largest program siter, describe the services provided, the number of persons benefited, and other relevant inform  |   |             | clear and concise  |                                   | oundro ,  |                              |                                   |
|  | SEE SCHEDULE O   |   | <del></del> |  |                                   | <u> </u>  |                              |                                   |
| 28                                     | SEE SCHEDULE O   |   |             | <del></del>  | —                                 |   |                              |                                   |
|  |  |   |             |  |                                   |   |                              |                                   |
|  |  |   |             |  | $\overline{}$                     |   | E 6                          | 622                               |
|  | (Grants \$ 0 • ) If this amount includes foreign g   | rants, check here                                       |             |  | Щ                                 | 28a   | 30,                          | 622.                              |
| 29                                     |  |   |             |  |                                   |   |                              |                                   |
|  | **************************************   |   |             |  |                                   |   |                              |                                   |
|  |  |   |             |  |                                   | <u> </u>  |                              |                                   |
|  | (Grants \$ ) If this amount includes foreign g   | rants, check here                                       |             | <u> </u>   | <u> </u>                          | 29a   |                              |                                   |
| 30                                     |  |   |             |  |                                   |   |                              |                                   |
|  |  |   |             |  |                                   |   |                              |                                   |
|  |  |   |             |  |                                   |   |                              |                                   |
|  | (Grants \$ ) If this amount includes foreign g   | rants, check here                                       |             | <u> </u>   | Ш                                 | 30a   |                              |                                   |
| 31                                     | Other program services (describe in Schedule O)  |   |             |  |                                   |   |                              |                                   |
|  | (Grants \$ ) If this amount includes foreign g   | rants, check here                                       |             | <u> </u>   |                                   | 31a   |                              |                                   |
| 22                                     | Total program service expenses (add lines 28a through 31a)   |   |             |  |                                   | 32  | 56,                          | 622.                              |
| 32                                     | Total program service expenses (and lines 20a tillough 51a)  | ·   |             |  |                                   |   |                              |                                   |
| Pa                                     | irt IV List of Officers, Directors, Trustees, and Key E  |   |             |  | see the                           | enotiona  | for Part IV)                 |                                   |
| Pa                                     | irt IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp  |   |             |  | see the                           | instructions  | for Part IV)                 |                                   |
| Pa                                     | irt IV List of Officers, Directors, Trustees, and Key E  | oond to any que<br>(b) Average hour                     | stion in t  | his Part IV  | ( <b>đ</b> ) не                   | alth benefits,  | (e) Est                      |                                   |
| Pa                                     | irt IV List of Officers, Directors, Trustees, and Key E  | oond to any que<br>(b) Average hour<br>per week devoted | stion in t  | his Part IV<br>C) Reportable<br>pensation (Forms   | (d) He<br>contr                   | alth benefits,<br>ibutions to<br>byee benefit                             | (e) Est                      | imated<br>of other                |
| Pa                                     | Check if the organization used Schedule O to response  | oond to any que<br>(b) Average hour                     | stion in t  | his Part IV  | (d) He<br>contr<br>emplo<br>plans | alth benefits,  | (e) Est                      | imated<br>of other                |
| ST                                     | Check if the organization used Schedule O to responsible (a) Name and title  EPHEN J. GOLDIN   | oond to any que<br>(b) Average hour<br>per week devoted | stion in t  | his Part IV<br>C) Reportable<br>pensation (Forms<br>-2/1099-MISC)                        | (d) He<br>contr<br>emplo<br>plans | alth benefits,<br>ibutions to<br>byee benefit<br>and deferred             | (e) Est                      | imated<br>of other                |
| ST<br>PR                               | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | oond to any que<br>(b) Average hour<br>per week devoted | stion in t  | his Part IV<br>C) Reportable<br>pensation (Forms<br>-2/1099-MISC)                        | (d) He<br>contr<br>emplo<br>plans | alth benefits,<br>ibutions to<br>byee benefit<br>and deferred             | (e) Est                      | imated<br>of other                |
| ST<br>PR                               | Check if the organization used Schedule O to responsible (a) Name and title  EPHEN J. GOLDIN   | (b) Average hour<br>per week devoted<br>position        | stion in t  | his Part IV<br>C) Reportable<br>pensation (Forms<br>-2/1099-MISC)<br>of paid, enter -0-) | (d) He<br>contr<br>emplo<br>plans | alth benefits,<br>ibutions to<br>yee benefit<br>and deferred<br>pensation | (e) Est                      | imated<br>of other<br>nsation     |
| Fr<br>GO                               | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour<br>per week devoted<br>position        | stion in t  | his Part IV<br>C) Reportable<br>pensation (Forms<br>-2/1099-MISC)<br>of paid, enter -0-) | (d) He<br>contr<br>emplo<br>plans | alth benefits,<br>ibutions to<br>yee benefit<br>and deferred<br>pensation | (e) Est                      | imated<br>of other<br>nsation     |
| ST<br>PR<br>GO<br>V.                   | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position              | stion in t  | his Part IV<br>c) Reportable<br>pensation (Forms<br>-2/1099-MISC)<br>tt paid, enter -0-) | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoyee benefit and deferred pensation           | (e) Est                      | imated<br>of other<br>nsation     |
| ST<br>PR<br>GO<br>V.                   | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00        | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) of paid, enter -0-)             | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to byse benefit and deferred pensation            | (e) Esti<br>amount<br>comper | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE       | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position              | stion in t  | his Part IV<br>c) Reportable<br>pensation (Forms<br>-2/1099-MISC)<br>tt paid, enter -0-) | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoyee benefit and deferred pensation           | (e) Esti<br>amount<br>comper | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00        | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) of paid, enter -0-)             | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to byse benefit and deferred pensation            | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated<br>of other<br>nsation     |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) tt paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to yoge benefit and deferred pensation  0 •       | (e) Esti<br>amount<br>compei | imated of other insation 0 .      |
| ST<br>PR<br>GO<br>V.<br>LA<br>SE<br>BR | Check if the organization used Schedule O to respond to the control of the organization used Schedule O to respond to the control of the cont | (b) Average hour per week devoted position  1.00  40.00 | stion in t  | his Part IV c) Reportable pensation (Forms -2/1099-MISC) at paid, enter -0-)  0.         | (d) He<br>contr<br>emplo<br>plans | alth benefits, ibutions to your benefit and deferred pensation  O .  O .  | (e) Esti<br>amount<br>compei | imated of other nsation  O .  O . |

| Forn | 1990-EZ (2019) INSTITUTE FOR REGIONAL EDUCATION 85-0220  |        |  | age 3  |
|------|--|--------|--|--------|
| Pa   | other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this |        |  | X      |
|      | ,  |        | Yes  |        |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each   |        | 100  |        |
|      | activity in Schedule O   | 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    | L  | X      |
|      | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  | 35b    | N/   | A_     |
| C    | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax   |        |  | ٠,,    |
|      | 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,"  | 0.0    |  | х      |
| 27.  | complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.  | 36     |  |        |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?   | 37b    |  | X      |
|      | Did the organization borrow from, or make any loans to, any officer, director, tructoe, or key employee, or were any such loans made   |        | <del> </del>                                     |        |
|      | in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a    |  | X      |
| b    | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A  |        |  |        |
| 39   | Section 501(c)(7) organizations Enter  | 1      |  |        |
| а    | Initiation fees and capital contributions included on line 9 39a N/A   |        |  |        |
| b    | Gross receipts, included on line 9, for public use of club facilities  39b N/A   | ]      |  |        |
| 40 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 .   | Ì      |  |        |
| 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   | 40b    |  | х      |
|      | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on                             | 400    |  |        |
| ·    | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |        |  | •      |
| d    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed   |        |  |        |
|      | by the organization   • 0 •  |        |  |        |
| e    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   |        | <u> </u>   |        |
|      | transaction? If "Yes," complete Form 8886-T  | 40e    |  | X      |
|      | List the states with which a copy of this return is filed $\blacktriangleright \underline{NM}$   |        |  |        |
| 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  | 750    | 5  |        |
| D    | At any time during the calendar year, did the organization have an interest in or a signature or other authority   |        | Yes  | No     |
|      | over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 42b    | 163  | X      |
|      | If "Yes," enter the name of the foreign country  | 720    |  |        |
|      | 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    |  |        |
|      |  |        | <u> </u>   |        |
|      |  |        | Yes  | No     |
| 440  | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of   | 44a    | ===  | X      |
|      | Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yos," Form 990 must be completed instead   | 448    | _  |        |
| U    | of Form 990-EZ   | 44b    | <u> </u>   | X      |
|      | Did the organization receive any payments for indoor tanning services during the year?   | 44c    | <del>                                     </del> | 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    |  | Х      |
| b    | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  |        |  |        |
|      | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  | 45b    |  |        |
|      | <del></del>  | Form 9 | 90-EZ  | (2019) |

932173 12-11-19

| Form 990-EZ ( | 2019) INSTITUTE F   | OR RE          | GIONAL             | EDUCATION  |                 |                                       | 85-0226                                | 484       |                    | Page 4                                |
|---------------|---|----------------|--------------------|--|-----------------|---------------------------------------|--|-----------|--------------------|---------------------------------------|
|               | organization engage, directly or indirect<br>complete Schedule C, Part I  | tly, in politi | cal campaign ac    | ctivities on behalf of or  | in opposition t | to candidates for pu                  | iþlic öfficés                          | 46        | Yes                | No<br>X                               |
| Part VI       | Section 501(c)(3) Organiz   | zations        | Only               |  |                 |                                       |  |           |                    |                                       |
|               | All section 501(c)(3) organizations   |                |                    | ns 47-49b and 52, ar   | nd complete     | the tables for line                   | s 50 and 51                            |           |                    |                                       |
|               | Check if the organization used So   | chedule C      | to respond to      | o any question in thi  | s Part VI       |                                       |  |           |                    | <u> </u>                              |
|               |   |                |                    |  |                 | <b>.</b>                              |  | 47        | Yes                | No                                    |
|               | organization engage in lobbying activiti  |                |                    |  |                 | r? If "Yes," complete                 | Scn. C, Part II                        | 47        | ^                  | ×                                     |
|               | ganization a school as described in sec<br>organization make any transfers to an e  | •              |                    |  | 8 C             |                                       |  | 48<br>49a |                    | $\frac{\hat{\mathbf{x}}}{\mathbf{x}}$ |
|               | was the related organization a section (  | •              |                    | icu urganization,  |                 |                                       |  | 49b       | $\vdash$           |                                       |
|               | e this table for the organization's five h  |                |                    | ovees (other than office   | ers, directors, | trustees, and key e                   | mployees) who e                        |           | ceived             | more                                  |
|               | 0,000 of compensation from the organ  |                |                    |  |                 |                                       |  |           |                    |                                       |
|               | (a) Name and title of each er   | mployee        |                    | (b) Average  |                 | (C) Reportable                        | (d) Health benefit<br>contributions to |           | ) Estin            |                                       |
|               |   |                |                    | per week de  | VOICU IO        | compensation (Forms<br>W-2/1099-MISC) | employee benefi                        | l am      | ount of<br>impens  |                                       |
|               |   | NONE           | <u> </u>           | position   | יונ             |                                       | compensation                           | 1         | inpens             | 46011                                 |
|               |   |                |                    |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    |  |                 |                                       |  | +         | -                  | <del></del>                           |
|               |   |                | <del></del>        |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    |  |                 | <del></del>                           |  | +         |                    |                                       |
|               |   |                |                    |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    | <del></del>  | 1               |                                       |  | T         |                    |                                       |
|               |   |                | ****               |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    |  |                 | <del>-</del>                          |  |           |                    |                                       |
|               | mber of other employees paid over \$10  |                |                    |  |                 |                                       |  |           |                    |                                       |
| organiza      | c this table for the organization's five h<br>tion. If there is none, enter "None "<br>Name and business address of each in | NONE           | <u> </u>           | pendent contractors wh   |                 | ed more than \$100,<br>ype of service |  |           | rom the<br>ensatio |                                       |
|               |   |                |                    |  |                 |                                       | l                                      |           |                    |                                       |
|               |   |                |                    |  |                 |                                       |  | -         | _                  |                                       |
|               | · · · · · · · · · · · · · · · · · · ·   |                |                    |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    |  |                 |                                       | ŀ                                      |           |                    |                                       |
|               |   |                |                    |  |                 | · · · · · ·                           |  |           |                    |                                       |
|               |   |                |                    |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    |  |                 |                                       |  |           |                    |                                       |
|               |   |                |                    |  |                 |                                       |  |           |                    |                                       |
|               | mber of other independent contractors<br>organization complete Schedule A? No   |                |                    | •  | <b>h</b> n      | <b>-</b>                              |  |           |                    |                                       |
|               | organization complete schedule A <b>r No</b><br>ed Schedule A   | ne, All Secu   | 1011 30 1(6)(3) 01 | yanızatıons must attac   | 11 4            |                                       | ▶ [                                    | X Y       | es 「               | □ No                                  |
|               | s of perjury, I declare that I have exam  | nined this re  | eturn. includina   | accompanying schedu  | les and statem  | nents, and to the be                  |  |           |                    |                                       |
|               | and complete. Declaration of preparer (   |                |                    |  |                 |                                       |  | •         |                    |                                       |
|               | - Soohw Dusi  |                |                    |  |                 |                                       | 03 Sep                                 | 20_       |                    |                                       |
| Sign          | Signature of officer  | •••            | <b>-</b>           |  |                 |                                       | Date -                                 |           |                    |                                       |
| Here          | Godfrey Reggio, Type or print name and title  | Vice           | Presider           | nt   |                 |                                       |  |           |                    |                                       |
|               |   | т.             | Dranarar's att     | Thus The same of t | Date            | T Check I                             | T if PTIN                              |           |                    |                                       |
|               | Print/Type preparer's name  |                | Preparer's stori   |  | Date            | self- emplo                           | _                                      |           |                    |                                       |
| Paid          | Lawrence Taub   |                | X44-               |  | 03Sep2          |                                       | P00                                    | 028       | 605                | 1                                     |
| Preparer      | Firm's name LAWRENCE  | TAUF           | COUNSI             | ELLOR AT L   | AW PC           | Firm's EIN                            |  |           |                    |                                       |
| Use Only      | Firm's address ▶ 1000 CO  |                |                    | STE 618  |                 | Phone no                              | ·                                      | _         |                    |                                       |
|               | SANTA F   |                |                    |  |                 |                                       |  |           |                    |                                       |
| May the INS d | iscuss this return with the preparer sh   |                |                    | _  |                 |                                       | <b>&gt;</b>                            | ΧY        | es .               | No                                    |
| <del></del>   |   |                |                    |  |                 |                                       |  | Form      | 990-EZ             | (2019)                                |

932174 12-11-19

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

Employer identification number Name of the organization 85-0226484 INSTITUTE FOR REGIONAL EDUCATION Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 09 1 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, city, and state ☐ 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 11 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 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 lister (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization n your gover ing document (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Ţ:',

1.58

Total

|      | edule A (Form 990 or 990-EZ) 2019 I         | NSTITUTE             | FOR REGIO                                    | NAL EDUCA                   | TION                 |                      | 6484 Page 2/      |
|------|---|----------------------|--|-----------------------------|----------------------|----------------------|-------------------|
| Pa   | rt II Support Schedule for                  |                      |  |                             |                      |                      |                   |
|      | (Complete only if you checke                |                      |  |                             | on failed to qualify | under Part III If th | e organization    |
| _    | fails to qualify under the tests            | s listed below, plea | se complete Part                             | III )                       |                      |                      |                   |
| Se   | ction A. Public Support                     |                      |  |                             |                      |                      |                   |
| Cale | endar year (or fiscal year beginning in)    | (a) 2015             | <b>(b)</b> 2016                              | (c) 2017                    | (d) 2018             | (e) 2019             | (f) Total         |
| 1    | Gifts, grants, contributions, and           |                      |  |                             |                      |                      |                   |
|      | membership fees received (Do not            |                      |  |                             |                      |                      | X                 |
|      | include any "unusual grants")               | •                    |  |                             |                      | /                    |                   |
| 2    | Tax revenues levied for the organ-          |                      |  |                             |                      |                      |                   |
|      | ization's benefit and either paid to        |                      |  |                             |                      |                      |                   |
|      | or expended on its behalf                   |                      |  | 1                           |                      |                      |                   |
| 3    | The value of services or facilities         |                      |  |                             |                      |                      |                   |
|      | furnished by a governmental unit to         |                      |  |                             |                      | /                    |                   |
|      | the organization without charge             |                      |  |                             |                      | Y                    |                   |
| 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            | ļ                    |  |                             | /                    |                      |                   |
|      | on line 1 that exceeds 2% of the            |                      |  |                             | /                    | 1                    |                   |
|      | amount shown on line 11,                    |                      |  |                             | V                    |                      |                   |
|      | column (f)                                  |                      |  | /                           | 1                    |                      |                   |
| 6    | Public support. Subtract line 5 from line 4 |                      |  | /                           |                      | •                    |                   |
|      | ction B. Total Support                      | !                    | <u>.                                    </u> |                             | <del></del>          | <u> </u>             | <u> </u>          |
|      | endar year (or fiscal year beginning in)    | (a) 2015             | <b>(b)</b> 2016                              | (c) 2017                    | (d) 2018             | (e) 2019             | (f) Total         |
| 7    | Amounts from line 4                         | (0) 2010             | (3) 2010                                     | (6) 2511                    | (0) 20.0             | (6) 20.0             | 1,7,7,0,0,        |
| 8    | Gross income from interest.                 |                      |  | /                           |                      |                      |                   |
| Ŭ    | dividends, payments received on             | ŀ                    |  | /                           | 1                    |                      |                   |
|      | securities loans, rents, royalties,         |                      |  | V                           |                      | 1                    |                   |
|      | and income from similar sources             |                      | /  | 1                           |                      |                      |                   |
| 9    | Net income from unrelated business          | <del></del>          | /  |                             |                      |                      |                   |
| •    | activities, whether or not the              |                      | /  |                             |                      |                      |                   |
|      | business is regularly carried on            |                      | /  |                             |                      |                      |                   |
| 10   | Other income Do not include gain            |                      | /  |                             |                      |                      | <u> </u>          |
|      | 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 instructi   | nns\   | L                           | 1                    | 12                   | <del></del>       |
| 13   | First five years. If the Form 990 is for    | /                    | •  | rd fourth or fifth t        | ax vear as a sectio  |                      |                   |
|      | organization, check this box and stop       | - /                  | 3 11131, 3000110, 11111                      | a, loarar, or mare          | an year as a score   | ,,,,,,,,             | ightharpoons      |
| Se   | ction C. Computation of Pub                 |                      | rcentage                                     | ·····                       |                      |                      |                   |
|      | Public support percentage for 2019 (        | <del></del> /        |  | column (fl)                 |                      | 14                   | %                 |
|      | Public support percentage from 2018         | /                    |  | 0010/1111 (1 <sub>1</sub> ) |                      | 15                   | %                 |
|      | 33 1/3% support test - 2019. If the         | ,                    |  | in line 13, and line        | 14 is 33 1/3% or i   |                      |                   |
|      | stop here. The organization qualifies,      |                      |  |                             |                      |                      | <b>▶</b> □        |
|      | 33 1/3% support test - 2018. If the         |                      |  |                             | d line 15 is 33 1/39 | 6 or more, check t   | this box          |
|      | and stop here. The organization qual        |                      |  |                             |                      |                      | ▶□                |
| 17:  | 10% -facts-and-circumstances tes            |                      |  |                             | e 13. 16a. or 16b.   | and line 14 is 10%   | or more.          |
|      | and if the organization meets the "fac      | -                    |  |                             |                      |                      |                   |
|      | meets the "facts-and-circumstances"         |                      |  |                             | •                    |                      | <b>▶</b> □        |
| r    | 10% -facts-and-circumstances tes            | -                    | •  |                             | -                    | 17a, and line 15 is  | 10% or            |
|      | more, and if the organization meets to      |                      |  |                             |                      |                      |                   |
|      | organization meets the "facts and-cire      |                      |  |                             |                      |                      | ▶□                |
| 12   | Private foundation. If the organization     |                      |  |                             |                      |                      | ns 🕨 🗔            |
| -,-  |   | s.a onoon u          | <u></u>                                      |                             |                      |                      | 0 or 990-EZ) 2019 |
|      |   |                      |  |                             |                      |                      | -                 |
|      |   |                      |  |                             |                      |                      |                   |

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Schedule A (Form 990 or 990-EZ) 2019 INSTITUTE FOR REGIONAL EDUCATION

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

85-0226484 Page 3

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

|      | qualify under the tests listed b   | elow, please comp         | olete Part II )        |                        |                                       |                                       |                      | · · · · · · · · · · · · · · · · · · · | _          |
|------|--|---------------------------|------------------------|------------------------|---------------------------------------|---------------------------------------|----------------------|---------------------------------------|------------|
| Sec  | ction A. Public Support  |                           |                        |                        |                                       |                                       |                      |                                       |            |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2015                  | <b>(b)</b> 2016        | (c) 2017               | (d) 2018                              | (e)                                   | 2019                 | (f) Total                             |            |
| 1    | Gifts, grants, contributions, and  |                           |                        |                        |                                       |                                       |                      |                                       |            |
|      | membership fees received (Do not   |                           |                        |                        |                                       |                                       |                      |                                       |            |
|      | include any "unusual grants ")   | 2,100.                    | 3,870.                 | 5,900.                 | 0.                                    | 4                                     | <u>,999.</u>         | 16,869                                | •          |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose | 37,727.                   | 29,798.                | 71,524.                | 5,068.                                | 50                                    | ,085.                | 194,202                               | ·          |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513   |                           |                        |                        |                                       |                                       |                      |                                       |            |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                           |                        |                        |                                       |                                       |                      |                                       |            |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                           |                        |                        | 5 0 5 0                               |                                       |                      |                                       |            |
|      | Total. Add lines 1 through 5   | 39,827.                   | 33,668.                | 77,424.                | 5,068.                                | 55                                    | ,084.                | 211,071                               | . •        |
|      | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                           |                        |                        |                                       |                                       | · <del>-</del> ·-··· | (                                     | ) <b>.</b> |
|      | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          | 2,500.                    | :                      | 2,500.                 | 20,800.                               | 2                                     | ,500.                | 28,300                                | ) .        |
|      | Add lines 7a and 7b  | 2,500.                    |                        | 2,500.                 | 20,800.                               | 2                                     | ,500.                | 28,300                                |            |
|      | Public support. (Subtract line 7s from fine 6.)  | -                         |                        |                        | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                      | 182,771                               |            |
|      | ction B. Total Support   |                           | •                      |                        |                                       |                                       |                      |                                       |            |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2015                  | (b) 2016               | (c) 2017               | (d) 2018                              | (e)                                   | 2019                 | (f) Total                             |            |
| 9    | Amounts from line 6  | 39,827.                   | (b) 2016<br>33,668.    | 77,424.                | 5,068.                                |                                       | ,084.                | 211,071                               | . •        |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 | 15,586.                   | 45.                    | 46.                    | 8.                                    | 29                                    | ,296.                | 44,981                                | . •        |
| b    | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  |                           |                        |                        |                                       |                                       |                      |                                       |            |
| ,    | Add lines 10a and 10b  | 15,586.                   | 45.                    | 46.                    | 8.                                    | 29                                    | ,296.                | 44,981                                | _          |
|      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | 13,300.                   |                        | ****                   |                                       | 23                                    | , 2300               | 11,501                                | _          |
| 12   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                           |                        |                        |                                       |                                       |                      |                                       |            |
| 13   | Total support. (Add lines 9, 10c, 11, and 12)  | 55,413.                   | 33,713.                | 77,470.                | 5,076.                                | 84                                    | ,380.                | 256,052                               | ١.         |
| 14   | First five years. If the Form 990 is for   | r the organization's      | first, second, third   | d, fourth, or fifth ta | x year as a sectio                    | n 501(c)                              | (3) organiz          | zation,                               | _          |
| Sec  | check this box and stop here ction C. Computation of Publ  | ic Support Pe             | rcentage               |                        |                                       |                                       |                      | ▶∟                                    |            |
| 15   | Public support percentage for 2019 (   | line 8, column (f), d     | ivided by line 13, o   | column (f))            |                                       | 15                                    |                      | 71.38                                 | %          |
| 16   | Public support percentage from 2018  | Schedule A, Part          | III, line 15           |                        |                                       | 16                                    |                      | 83.53                                 | %          |
| Sec  | ction D. Computation of Inve   | stment Income             | e Percentage           |                        |                                       |                                       | ·                    |                                       |            |
| 17   | Investment income percentage for 20  | 19 (line 10c, colum       | nn (f), divided by lir | ne 13, column (f))     |                                       | 17                                    |                      | 17.57                                 | %          |
| 18   | Investment income percentage from  | <b>2018</b> Schedule A, I | Part III, line 17      |                        |                                       | 18                                    |                      | 6.25                                  | %          |
| 19a  | 33 1/3% support tests - 2019. If the   | organization did n        | ot check the box o     | on line 14, and line   | 15 is more than 3                     | 33 1/3%,                              | and line             | 17 is not                             | _          |
| ь    | more than 33 1/3%, check this box a 33 1/3% support tests - 2018. If the   | •                         | -                      |                        |                                       |                                       | 33 1/3%,             | <b>▶</b> ☑<br>and                     | <u>.</u>   |
|      | line 18 is not more than 33 1/3%, che  |                           |                        |                        |                                       |                                       |                      | ▶□                                    | _          |
| 20   | Private foundation. If the organization  |                           |                        |                        |                                       |                                       |                      | ▶□                                    | _]         |
|      | 22 00-25-10  |                           |                        |                        | Sch                                   | edule A                               | (Form 996            | or 990-EZ) 20                         | 19         |

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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.)

|     | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)                  |      |              |                |
|-----|--|------|--------------|----------------|
| Sec | tion A. All Supporting Organizations   |      | -            |                |
|     | 1  |      | Yes          | No             |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing                 |      | 1            |                |
|     | 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      |      |              | لـــا          |
|     | organization was described in section 509(a)(1) or (2).  | 2    |              | _              |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer     |      |              |                |
|     | (b) and (c) below  | 3a   | <u> </u>     |                |
| 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           |      |              |                |
|     | organization made the determination  | 3b   |              |                |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)     | ļ    |              |                |
|     | 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   |              |                |
| 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)       |      |              |                |
|     | purposes   | 4c   |              |                |
| 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   | ļ            |                |
| 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 |              |                |
| С   | Substitutions only. Was the substitution the result of an event beyond the organization's control?                   | 5c   | <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           |      |              | 1 7            |
|     | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in     |      |              |                |
|     | Part VI.   | 6    | <b>└</b>     |                |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor      |      |              |                |
|     | (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    | -            | <u> </u>       |
| 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    | ـــــ        | ļ              |
| 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          |      |              | اـــا          |
|     | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.   | 9a   | ļ            | ļ              |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which      |      |              | اـــا          |
|     | the supporting organization had an interest? If "Yes," provide detail in Part VI.                                    | 9b   | ļ            | <b>-</b>       |
| 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                | 1    |              |                |
|     | 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated            |      |              |                |
|     | supporting organizations)? If "Yes," answer 10b below.   | 10a  | <del> </del> | <del>  .</del> |
| þ   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to               |      |              |                |

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determine whether the organization had excess business holdings)

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|--------|--|----------------|-----------|--|
| 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            | -         | <del>                                     </del> |
|        | 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_           |           |  |
| Sec    | ation B. Type I Supporting Organizations   |                | Yes       | No   |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to  |                | 163       | 110  |
| •      | 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  | ļ ,            |           |  |
|        | 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  |                |           |  |
|        | 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 carried out the purposes of the supported organization(s) that operated,  |                |           |  |
|        | 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  |                | ļ         |  |
|        | 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                                      |                |           |  |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the                                     |                |           |  |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1              | ļ         | —  |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | Ì              |           |  |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |                |           |  |
| _      | 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  |                |           |  |
|        | 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 supported organizations played in this regard | 3              | <b> -</b> |  |
| Sec    | tion E. Type III Functionally Integrated Supporting Organizations  |                |           | I  |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruc                                   | tions)         |           |  |
| ·<br>a | The organization satisfied the Activities Test Complete line 2 below   | .ionoj.        |           |  |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below   |                |           |  |
| c      | The organization supported a governmental entity Describe in Part VI how you supported a government entity (so   | e instruction: | s)        |  |
| 2      | Activities Test Answer (a) and (b) below.  |                | Yes       | No   |
| а      |  |                |           |  |
|        | 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             |           |  |
| 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   |                |           |  |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these   |                |           |  |
|        | activities but for the organization's involvement  | 2b             | L         | <u> </u>   |
| 3      | Parent of Supported Organizations Answer (a) and (b) below.  |                |           | 1  |
| 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? 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             | 1         | <u> </u>   |

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|------|--|--------------|---------------------------|--------------------------------|
|      | 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 i  | n Part VI) See instructions. A |
|      | other Type III non-functionally integrated supporting organizations must co    | omplete S    | ections A through E       |                                |
| Sect | tion A - Adjusted Net Income   |              | (A) Prior Year            | (B) Current Year<br>(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 | tion B - Minimum Asset Amount  |              | (A) Prior Year            | (B) Current Year<br>(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           |                           |                                |
| c    | Fair market value of other non-exempt-use assets                               | 1c           |                           |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d           |                           |                                |
| е    | 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 | ted Type III supporting o | rganization (see               |

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instructions)

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|-------|---|---|---|--------------------------------------|--------|
| Par   | t V   Type III Non-Functionally Integrated 509                  | (a)(3) Supporting Orga                  | anizations <sub>(continued)</sub>             | <u> </u>                             |        |
| Secti | on D - Distributions  |   |   | Current Ye                           | ar     |
|       | Amounts paid to supported organizations to accomplish exe       |   |   |                                      |        |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported                |   |                                      |        |
|       | organizations, in excess of income from activity                |   |   |                                      |        |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organization            | is  |                                      |        |
| 4     | Amounts paid to acquire exempt-use assets                       |   |   |                                      |        |
| 5     | Qualified set-aside amounts (prior IRS approval required)       |   |   |                                      |        |
| 6     | Other distributions (describe in Part VI) See instructions      | <u> </u>                                |   |                                      |        |
| 7     | Total annual distributions. Add lines 1 through 6               |   |   |                                      |        |
| 8     | Distributions to attentive supported organizations to which the | he organization is responsive           | •   |                                      |        |
|       | (provide details in Part VI) See instructions                   |   |   |                                      |        |
| 9     | Distributable amount for 2019 from Section C, line 6            |   |   | <u>*</u>                             |        |
| 10    | Line 8 amount divided by line 9 amount                          |   |   |                                      |        |
| Secti | on E - Distribution Allocations (see Instructions)              | (i)<br>Excess Distributions             | (II)<br>Underdistributions<br>Pre-2019        | (iii)<br>Distributab<br>Amount for 2 |        |
| 1     | Distributable amount for 2019 from Section C, line 6            |   |   |                                      |        |
| 2     | Underdistributions, if any, for years prior to 2019 (reason-    |   |   |                                      |        |
|       | able cause required- explain in Part VI). See instructions      |   |   |                                      |        |
| 3     | Excess distributions carryover, if any, to 2019                 |   |   |                                      |        |
|       | From 2014   |   |   |                                      |        |
|       | From 2015   |   |   |                                      |        |
|       | From 2016   |   |   |                                      |        |
|       | From 2017   |   |   |                                      |        |
| e     | From 2018   |   |   |                                      |        |
|       | Total of lines 3a through e                                     |   |   |                                      |        |
|       | Applied to underdistributions of prior years                    | *************************************** |   |                                      |        |
|       | Applied to 2019 distributable amount                            |   |   |                                      | ,      |
|       | Carryover from 2014 not applied (see instructions)              | ***                                     |   |                                      |        |
| ÷     | Remainder Subtract lines 3g, 3h, and 3i from 3f                 |   | · · · · · · · · · · · · · · · · · · ·         | -                                    |        |
| 4     | Distributions for 2019 from Section D                           |   |   |                                      |        |
| •     | line 7 \$   |   |   | ļ                                    |        |
| a     | Applied to underdistributions of prior years                    | ····                                    |   |                                      |        |
|       | Applied to 2019 distributable amount                            |   | <del> · · · · · · · · · · · · · · · · ·</del> |                                      |        |
|       | Remainder Subtract lines 4a and 4b from 4                       |   | <del></del>                                   |                                      |        |
|       | Remaining underdistributions for years prior to 2019, if        |   |   |                                      |        |
| -     | any Subtract lines 3g and 4a from line 2. For result greater    |   |   |                                      | ,      |
|       | than zero, explain in Part VI. See instructions                 |   |   |                                      |        |
| 6     | Remaining underdistributions for 2019 Subtract lines 3h         |   |   | -                                    |        |
| •     | and 4b from line 1. For result greater than zero, explain in    |   |   |                                      |        |
|       | Part VI See instructions  |   |   |                                      |        |
| 7     | Excess distributions carryover to 2020. Add lines 3j            |   |   |                                      |        |
| •     | and 4c.   |   |   |                                      |        |
| 8     | Breakdown of line 7   |   |   |                                      |        |
|       | Excess from 2015  |   |   |                                      |        |
|       | Excess from 2016  |   |   |                                      |        |
|       | Excess from 2017  |   |   |                                      |        |
|       | Excess from 2018  |   |   | -                                    |        |
|       | Excess from 2019  |   |   |                                      | 1      |
| -     | LAUGOO HUHI EU IJ   | L                                       | L   | l                                    |        |

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|-------------|--|--|---|--|--|---|
| Part VI     | Supplemental<br>Part IV, Section A, I<br>line 1; Part IV, Secti<br>Section D, lines 5, 6 | Information. Pines 1, 2, 3b, 3c, 4 on D. lines 2 and 3 | rovide the expl<br>b, 4c, 5a, 6, 9a<br>3. Part IV. Sect | lanations required b<br>a, 9b, 9c, 11a, 11b,<br>ion E. lines 1c, 2a, 2 | by Part II, line 10, Part II, line and 11c, Part IV, Section B | e 17a or 17b, Part III, line 12,<br>, lines 1 and 2, Part IV, Section C,<br>, Part V, Section B, line 1e, Part V, |
|             | (See instructions)   | <del></del>  |   |  | <u> </u>   |   |
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### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

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

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

2019

Open to Public Inspection

| f ti | ne organization answered ' | 'Yes,' | on Fo | m 990, | Part IV | , line | 3, or | Form | 990- | EZ, I | Part V | , line | 46 (F | Political | Campai | gn Acti | vities), | 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) organiz  | ations Complete Part III             |                          |  |  |  |  |  |
|------------|---|--------------------------------------|--------------------------|--|--|--|--|--|
| Van        | ne of organization  |                                      |                          | Empl                                       | oyer identification number                     |  |  |  |
|            | INSTITU   | JTE FOR REGIONAL                     | EDUCATION                |  | 85-0226484                                     |  |  |  |
| Pa         | irt I-A Complete if the or  | ganization is exempt und             | er section 501(c)        | or is a section 527 o                      | rganization.                                   |  |  |  |
| 2          | Provide a description of the organ<br>Political campaign activity expend<br>Volunteer hours for political campa | itures                               | al campaign activities   | in Part IV ►\$                             |  |  |  |  |
| Pa         | ert I-B Complete if the or  | ganization is exempt und             | er section 501(c)        | (3).                                       |  |  |  |  |
|            | Enter the amount of any excise ta   | <del>-</del>                         |                          | <b>▶</b> s                                 |  |  |  |  |
|            | Enter the amount of any excise ta   | , ,                                  |                          | <b>▶</b> \$                                |  |  |  |  |
| 3          | If the organization incurred a secti  | on 4955 tax, did it file Form 4720   | for this year?           |  | Yes No   |  |  |  |
| <b>4</b> a | Was a correction made?  |                                      |                          |  | Yes No   |  |  |  |
| t          | If "Yes," describe in Part IV   |                                      |                          |  |  |  |  |  |
| Pa         | irt I-C Complete if the or  | ganization is exempt und             | er section 501(c),       | except section 501                         | c)(3).   |  |  |  |
| 1          | Enter the amount directly expende   | ed by the filing organization for se | ction 527 exempt func    | tion activities                            |  |  |  |  |
| 2          | Enter the amount of the filing orga   | nization's funds contributed to ot   | her organizations for se | ection 527                                 |  |  |  |  |
|            | exempt function activities  |                                      |                          |  |  |  |  |  |
| 3          | Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL,                          |                                      |                          |  |  |  |  |  |
|            | line 17b  |                                      |                          | ▶\$  | <del></del>                                    |  |  |  |
| 4          | Did the filing organization file Forn   | •                                    |                          |  | L_ Yes L_ No                                   |  |  |  |
| 5          | Enter the names, addresses and e  |                                      | •                        | <del>-</del>                               |  |  |  |  |
|            | made payments. For each organize contributions received that were p   |                                      |                          |  |  |  |  |  |
|            | political action committee (PAC) I  |                                      |                          |  | ite segregated fullo of a                      |  |  |  |
|            | <u> </u>  | T                                    | <u> </u>                 | <del></del>                                | (e) Amount of political                        |  |  |  |
|            | (a) Name  | (b) Address                          | (c) EIN                  | (d) Amount paid from filing organization's | contributions received and                     |  |  |  |
|            |   |                                      |                          | funds If none, enter -0-                   | promptly and directly                          |  |  |  |
|            |   |                                      |                          |  | delivered to a separate political organization |  |  |  |
|            |   |                                      |                          |  | If none, enter -0-                             |  |  |  |
|            |   |                                      | 1                        |  |  |  |  |  |
|            |   |                                      |                          |  |  |  |  |  |
|            |   |                                      |                          |  |  |  |  |  |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

LHA 932041 11-26-19

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| Schedule C (Form 990 or 990-EZ) 2019  | INSTITUTE 1   | FOR REGIONAL                | EDUCATION               |                          | 226484 Page 2        |
|---|---|-----------------------------|-------------------------|--------------------------|----------------------|
| Part II-A   Complete if the org   | janization is exe                                       | mpt under section           | n 501(c)(3) and fil     | ed Form 5768 (el         | ection under         |
| section 501(h)).  |   |                             |                         |                          |                      |
| A Check X if the filing organiza  | tion belongs to an af                                   | filiated group (and list in | Part IV each affiliated | group member's nam       | e, address, EIN,     |
| expenses, and share   | re of excess lobbying                                   | expenditures)               |                         |                          |                      |
| B Check 🕨 🔲 if the filing organiza  | tion checked box A a                                    | and "limited control" pro   | visions apply.          |                          |                      |
| Limi  | ts on Lobbying Expe                                     | enditures                   |                         | (a) Filing               | (b) Affiliated group |
|   |   | ounts pald or incurred.)    | )                       | organization's<br>totals | totals               |
| · · · · · · · · · · · · · · · · · · ·   |   |                             |                         |                          |                      |
| 1a Total lobbying expenditures to influ   | uence public opinion                                    | (grassroots lobbying)       |                         | 0.                       | 0.                   |
| b Total lobbying expenditures to influence  | uence a legislative bo                                  | ody (direct lobbying)       |                         | 0.                       | 0.                   |
| c Total lobbying expenditures (add li   | ines 1a and 1b)   |                             |                         | 0.                       | 0.                   |
| d Other exempt purpose expenditure  |   |                             |                         | 56,622.                  | 243,179.             |
|   | Total exempt purpose expenditures (add lines 1c and 1d) |                             |                         | 56,622.                  | 243,179.             |
| f Lobbying nontaxable amount Ent  |   |                             |                         | 11,324.                  | 48,636.              |
| If the amount on line 1e, column (a) o  |   | bbying nontaxable am        | ount is:                |                          |                      |
| Not over \$500,000  |   | f the amount on line 1e     |                         |                          |                      |
| Over \$500,000 but not over \$1,00  |   | 000 plus 15% of the exc     |                         |                          | ļ                    |
| Over \$1,000,000 but not over \$1,5   |   | 000 plus 10% of the exc     |                         |                          |                      |
| Over \$1,500,000 but not over \$17  | <del>'                                    </del>        | 000 plus 5% of the exce     |                         |                          |                      |
| Over \$17,000,000   | \$1,000   | ),000.                      |                         |                          |                      |
|   | OFOV 10   |                             |                         | 2,831.                   | 12,159.              |
| g Grassroots nontaxable amount (er  | •   |                             | -                       | 2,031.                   | 0.                   |
| h Subtract line 1g from line 1a. If zer   | •   |                             |                         | 0.                       | 0.                   |
| <ul><li>i Subtract line 1f from line 1c If zero</li><li>j If there is an amount other than ze</li></ul> | •   | r line 1: did the ergeniz   | ation file Form 4720    |                          |                      |
| •   |   | i line ii, olo the organiza | attorr file Form 4720   | Г                        | Yes No               |
| reporting section 4911 tax for this   |   | veraging Period Under       | Section 501/h)          |                          |                      |
| (Some organizations t   |   |                             |                         | of the five columns b    | elow.                |
| (come or gammament a  |   | rate instructions for li    |                         |                          |                      |
|   | Lobbying Exp  | enditures During 4-Yea      | ar Averaging Period     | <u>,,</u>                |                      |
|   |   |                             |                         |                          |                      |
| Calendar year<br>(or fiscal year beginning in)  | (a) 2016  | <b>(b)</b> 2017             | (c) 2018                | (d) 2019                 | (e) Total            |
| (or fiscal year beginning in)   |   |                             |                         |                          |                      |
|   |   |                             |                         |                          |                      |
| 2a Lobbying nontaxable amount   | 24,650  | . 22,357.                   | 20,518.                 | 48,636.                  | 116,161.             |
| b Lobbying ceiling amount   |   |                             |                         |                          | 1 - 4 - 4 - 4        |
| (150% of line 2a, column(e))  |   |                             |                         |                          | 174,242.             |
|   |   |                             |                         | ,                        |                      |
| c Total lobbying expenditures   |   | ļ <u>.</u>                  |                         |                          |                      |
|   | 6 163   | E 500                       | E 120                   | 12 150                   | 29,041.              |
| d Grassroots nontaxable amount  | 6,163   | 5,589.                      | 5,130.                  | 12,159.                  | 49,041.              |
| e Grassroots ceiling amount   |   |                             |                         |                          | 43,562.              |
| (150% of line 2d, column (e))   |   |                             |                         |                          | =3,302.              |
| l l   | i   | 1                           | i                       | i                        | 1                    |

Schedule C (Form 990 or 990-EZ) 2019 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)).

| ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description   |                              | )   | (b)        |         |
|---|------------------------------|---|------------|---------|
| the lobbying activity   | Yes                          | No  | Amo        | ount    |
| During the year, did the filing organization attempt to influence foreign, national, state, or  |                              | <u> </u>  |            |         |
| local legislation, including any attempt to influence public opinion on a legislative matter  |                              |   |            |         |
| or referendum, through the use of   |                              |   |            |         |
| a Volunteers?   |                              |   |            |         |
| <b>b</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?   |                              |   |            |         |
| Other activities?   |                              |   |            |         |
| 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   |                              |   |            |         |
| 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?  |                              |   | L <u></u>  |         |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  | on 501(c)                    | (5), or se  | ection     |         |
|   |                              |   | Yes        | No      |
| Were substantially all (90% or more) dues received nondeductible by members?  |                              | 1   |            |         |
|   |                              |   |            |         |
|   |                              | 2   |            | I       |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   | on 501(c)                    | (5), or se  |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."   | on 501(c)                    | <u>ා 3</u><br>(5), or se  |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members   | on 501(c)<br>"No" OR         | 2 3<br>(5), or se<br>(b) Part                                       |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lile. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)  | on 501(c)<br>"No" OR         | 2 3<br>(5), or se<br>(b) Part                                       |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lile. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   | on 501(c)<br>"No" OR         | 2 3<br>(5), or se<br>(b) Part                                       |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lile. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year   | on 501(c)<br>"No" OR         | (5), or sea (b) Part  |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lile. Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year   | on 501(c)<br>"No" OR         | 2 3<br>(5), or se<br>(b) Part                                       |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total   | on 501(c)<br>"No" OR         | 2 3<br>(5), or se<br>(b) Part                                       |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | on 501(c)<br>"No" OR         | 2 3<br>(5), or se<br>(b) Part<br>1<br>2a<br>2b<br>2c                |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | on 501(c)(<br>"No" OR<br>cal | 2 3<br>(5), or se<br>(b) Part<br>1<br>2a<br>2b<br>2c                |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.   | on 501(c)(<br>"No" OR<br>cal | 2 3<br>(5), or se<br>(b) Part<br>1<br>2a<br>2b<br>2c                |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  | on 501(c)(<br>"No" OR<br>cal | 2 3<br>(5), or se<br>(b) Part<br>1<br>2a<br>2b<br>2c<br>3           |            | e 3, i: |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)  | on 501(c)(<br>"No" OR<br>cal | 2 3<br>(5), or se<br>(b) Part<br>1<br>2a<br>2b<br>2c<br>3           |            | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and percenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II A (affiliated group)   | eal  ess  ess  colitical     | 2 3<br>(5), or se<br>(b) Pari<br>1<br>2a<br>2b<br>2c<br>3           | III-A, lin | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II A (affiliated group structions), and Part II-B, line 1. Also, complete this part for any additional information   | eal  ess  ess  colitical     | 2 3<br>(5), or se<br>(b) Pari<br>1<br>2a<br>2b<br>2c<br>3           | III-A, lin | e 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  B. Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Ovide the descriptions required for Part I:A, line 1, Part I:B, line 4, Part I:C, line 5, Part II A (affiliated group structions), and Part II:B, line 1 Also, complete this part for any additional information  ART II-B, AFFILIATED GROUP RETURN STATEMENT:  | eal  ess  olitical           | 2 3<br>(5), or se<br>(b) Pari<br>1<br>2a<br>2b<br>2c<br>3<br>4<br>5 | and 2 (see |         |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excides the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  art IV Supplemental Information  Divide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II A (affiliated group structions), and Part II-B, line 1. Also, complete this part for any additional information.  ART II-B, AFFILIATED GROUP RETURN STATEMENT:  NSTITUTE FOR REGIONAL EDUCATION HAS A FISCAL YEAR EN  | eal ess political D OF 3     | 2 3 (5), or se (b) Pari 2a 2b 2c 3 4 5                              | and 2 (see |         |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year? Taxable amount of lobbying and political expenditures (see instructions)   | ess political  D OF 3        | 2 3 (5), or se (b) Pari 2a 2b 2c 3 4 5                              | and 2 (see |         |
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|   |   |          | Т |
|---|---|----------|---|
| imits on Lobbying Expenditu   | res:  |          |   |
| Total lobbying expenditures to influence public opinion (grassroots lobbying) |   | . 0.     |   |
| otal lobbying expenditures to   | nfluence a legislative body (direct lobbying) | . 0.     |   |
| otal lobbying expenditures (ac  | d lines 1a and 1b)                            | 0.       |   |
| Other exempt purpose expend   | tures   | 186,557. |   |
| otal exempt purpose expendit  | ures (add lines 1c and 1d)                    | 186,557. |   |
| obbying nontaxable amount<br>Enter the amount from the follo                  | wing table:                                   | -        |   |
| If the amount on line e is  | The lobbying nontaxable amount is             |          |   |
| > 1,000,000 <= 1,500,000  | 1   |          |   |
| > 1,500,000 <= 17,000,000<br>Over \$17,000,000                                | 225,000 + 5% > 1,500,000<br>\$1,000,000       | 37,311.  |   |
| irassroots nontaxable amount  | (enter 25% of line 1f)                        | 9,328.   |   |
| Subtract line 1g from line 1a (limit to zero)                                 |   |          |   |
| Subtract line 1f from line 1c (limit to zero)                                 |   |          |   |
| Member's share of excess lobb   | ying expenditures                             | 0.       |   |

**SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INSTITUTE FOR REGIONAL EDUCATION

Employer identification number 85-0226484

| INSTITUTE FOR REGIONAL EDUCATION              | JN   85-0    | J226484     |
|---|--------------|-------------|
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT | INCOME:      |             |
| DESCRIPTION OF PROPERTY:                      |              | AMOUNT:     |
| INTEREST                                      |              | 5.          |
|   |              |             |
| FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:   | <del></del>  |             |
| DESCRIPTION OF OTHER REVENUE:                 |              | AMOUNT:     |
| ROYALTY                                       |              | 29,291.     |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: |              |             |
| DESCRIPTION OF OTHER EXPENSES:                |              | AMOUNT:     |
| BOOKKEEPING                                   |              | 1,139.      |
| ROYALTIES                                     |              | 5,876.      |
| OFFICE AND SUNDRY                             |              | 288.        |
| INSURANCE                                     |              | 1,218.      |
| TRAVEL  |              | 8,443.      |
| TOTAL TO FORM 990-EZ, LINE 16                 |              | 16,964.     |
| FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  |              |             |
| DESCRIPTION                                   | BEG. OF YEAR | END OF YEAR |
| FILM PROJECTS                                 | 349,775.     | 349,760.    |
| PREPAID - SECURITY DEPOSIT                    | 1,700.       | 1,700.      |
| LIBRARY                                       | 627.         | 627.        |
| RECEIVABLE                                    | 0.           | 1,584.      |
|   | 352,102.     | 353,671.    |

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) (2019)

932211 09-06-19

| Schedule O (Form 990 or 990 EZ) (2019)                     | Page 2                                    |
|--|---|
| Name of the organization  INSTITUTE FOR REGIONAL EDUCATION | Employer identification number 85-0226484 |
| FILM PROJECTS, DOCUMENTARY FILMS, WORLD-WIDE DISTRIBUTION  | Ι,  |
| DEVELOPMENT AND DISSEMINATION OF MEDIA AND EDUCATIONAL     |   |
| MATERIALS, WITH AUDIENCES ESTIMATED IN THE TENS OF         |   |
| THOUSANDS.   |   |
|  |   |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF  | 'IT CONTRACTS:                            |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU  | NDS, DIRECTLY,                            |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT  | PRACT.                                    |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI  | UMS, DIRECTLY,                            |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.             |   |
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