| FOR TAX YEAR 2023 | |
|--|--|
| AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI | |
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| | |
| ARKANSAS ACCOUNTING LLC | |
| 3150 E KIEHL AVE | |
| SHERWOOD, AR 72120 | |
| (501)835-8252 | |
| (301)033-0232 | |
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Form 990

Return of Organization Exempt From Income Tax

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

2023

OMB No. 1545-0047

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

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

Open to Public Inspection

| A F | or the | 2023 calendar y | ear, or tax year beginning | g | 07-01 | , 2023, a | and ending | 06 | 5-30 , 2024 | |
|--------------------------------|-------------|----------------------|---|---|---------------|----------------|----------------------|--------------------|---------------------------|--|
| В | heck if a | applicable: C | Name of organization AR | EDUCATIONAL TELECOM | MUNICA | TIONS N | IETWORK FO | UNDATI | yer identification number | |
| | ddress o | change | Doing business as AR | KANSAS PBS FOUNDATIO | N | | | | 71-0592505 | |
| | lame cha | ange | Number and street (or P.O. box | if mail is not delivered to street address) | | | Room/suite | E Teleph | hone number | |
| | nitial retu | ırn | 350 S DONAGHEY | • | | | | | (501)682-2386 | |
| ΠF | inal retu | rn/terminated | City or town, state or province, | country, and ZIP or foreign postal code | | | | G Gross | | |
| | mended | return | CONWAY, AR 720 | 34 | | | | \$ | 4,945,952 | 2 |
| $\overline{\Box}$ A | pplicatio | n pending F | Name and address of principal | | | | H(a) Is thi | s a group return f | | No |
| | • • | | | | | | | all subordinate | = = | No |
| | ax-exem | npt status: X 50 | 01(c)(3) 501(c) (|) (insert no.) 4947(a)(1) or | 527 | , | | | st. See instructions | • |
| | Vebsite: | | MYARKANSASPBS | | | | | ıp exemption i | | |
| K F | orm of o | | | ociation Other | LY | ear of formati | | State of leg | | |
| Pa | | Summary | ,,,,,,, | | | | | | | |
| | 1 | | the organization's missign | on or most significant activities: | THE AI | ETN FDN | I (DBA ARKAN | ISAS PBS | S FDN) SUPPORTS | |
| | • | | | BS TO EDUCATE, INFORM | | | _, | | | |
| • | | | | FROM INDIVIDUALS, BUSI | | | | | | |
| Ince | | | IING AND EDUCATION | | 120020 | 7111010 | OND/ (HONO) | 5011 010 | 110/11/01/0/12/2007 | |
| Activities & Governance | 2 | - | | scontinued its operations or disp | osed of mo | ore than 25 | 5% of its net asse | ts | | |
| Š. | 3 | | | rning body (Part VI, line 1a) | | | 7,0 01 110 1101 4000 | 3 | 1 | 2 |
| യ ജ | 4 | | - | s of the governing body (Part VI, | | | | 4 | | 2 |
| es | 5 | | • | calendar year 2023 (Part V, line | | | | 5 | | 2 |
| iiviti | 6 | | | necessary) | , | | ••• | 6 | 54 | |
| Act | | | • | Part VIII, column (C), line 12 | | | | 7a | | 0 |
| | | | | from Form 990-T, Part I, line 11 | | | | 7a 7b | | 0 |
| | D | Net unrelated t | Jusiness taxable income | nonir om 990-1, Fait i, ine 11 | | | Prior Ye | | | <u> </u> |
| | | Contributions | nd granta (Part VIII line) | 16) | | | | | Current Year | |
| _ | 8 | | • | 1h) | | | 4,31 | 7,104 | 4,535,560 | |
| Revenue | 9 | - | | 2g) | | | | 70.000 | 440.00 | 0 |
| eve | 10 | | |), lines 3, 4, and 7d) | | | 3 | 70,969 | 410,39 | |
| œ | 11 | | | es 5, 6d, 8c, 9c, 10c, and 11e) | | | 4.00 | (257) | 4.045.05 | 0 |
| - | 12 | | | must equal Part VIII, column (A), | | | 4,68 | 7,816 | 4,945,952 | |
| | 13 | | • , | X, column (A), lines 1-3) | | | | | | 0 |
| | 14 | | | , column (A), line 4) | | | | 20.000 | 005.41 | 0 |
| m | 15 | | | benefits (Part IX, column (A), lin | | | 8 | 98,890 | 925,15 | |
| Expenses | | | - · · · · · · · · · · · · · · · · · · · | olumn (A), line 11e) | | | | | | 0 |
| ф | | | ng expenses (Part IX, colu | | | 24,815 | | 0.700 | 0.004.40 | |
| Ш | 17 | | | es 11a-11d, 11f-24e) | | | | 8,702 | 2,864,10 | |
| | | | ` | equal Part IX, column (A), line 25 |) | •• | | 7,592 | 3,789,254 | |
| | 19 | Revenue less e | expenses. Subtract line 18 | 8 from line 12 | • • • • | | | 30,224 | 1,156,698 | 8 |
| o d | | | | | | | Beginning of Cu | | End of Year | |
| sets | 20 | ` | , | | | | 10,71 | | 11,820,306 | |
| Net Assets or Fund Balances | 21 | | , | | | | | 08,783 | 254,68 | |
| | _ | | | ne 21 from line 20 | | | 10,40 | 8,925 | 11,565,623 | <u>3 </u> |
| Pa | | Signature | | n, including accompanying schedules and | otatamanta au | nd to the heat | of my knowledge and | holiof it is | | |
| | | | | cer) is based on all information of which pre | | | of my knowledge and | beller, it is | | |
| | | | . DET! EV 050 | | | | | | | |
| Sigr | , | | BETLEY, CEO | | | | | Det | | |
| _ | | Signature of officer | | _ | | | | Dat | .e | |
| Her | Э | | BETLEY, CEO, CEO |) | | | | | | |
| | | Type or print name a | | | | | | | | |
| | | Print/Type prepar | | Preparer's signature | | Date | Che | ck if | PTIN | |
| Paid | | JASON LEI | I | | 02 | 2-18-202 | | employed | P02286605 | |
| | oarer | Firm's name | | S ACCOUNTING LLC | | | Firm's EIN | | | |
| Use | Only | Firm's address | 3150 E KIE | | | | Phone no. | | | |
| | | | | DD AR 72120 | | | | 501-8 | 35-8252 | |
| May | the IRS | S discuss this ret | um with the preparer sho | own above? See instructions | | | | | X Yes 1 | No |

Form 990 (2023) AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI

Checklist of Required Schedules

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Χ Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions...... 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I...... 3 Χ 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II..... 4 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part.IV..... 9 Χ 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 Χ 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI..... 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 11b Χ c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ reported in Part X, line 16? If "Yes," complete Schedule D, Part IX...... e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X..... 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b Χ Χ 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E...... 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and JV...... 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV..... 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and I.W..... 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions...... 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part.II..... Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III..... 19 Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule.H..... 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and.II...... 21 Х

(continued)

Checklist of Required Schedules

Part IV

| | | | Yes | No |
|---------|--|------------|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| 0.4 | employees? If "Yes," complete Schedule J | 23 | | Χ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 04- | | V |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Χ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | |
| С | to defease any tax-exempt bonds? | 240 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24u | | |
| 25a | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 200 | | |
| b | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Χ |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | Χ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (See the Schedule | | | |
| | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Χ |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part.IV | 28b | | Χ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Χ |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule.M | 29 | | Χ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Χ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part.I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Χ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Χ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| 00 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 00 | | |
| 07 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | Х | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | V |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 20 | | |
| Do: | 19? Note: All Form 990 filers are required to complete Schedule Q | 38 | X | |
| Par | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Officer if Officerial Officeria a response of flote to any line in this part v | | Yes | No |
| 10 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 162 | INO |
| 1a b | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| Ü | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| | 1 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |

EEA Form 990 (2023)

Form 990 (2023) AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 12 h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?...... 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Χ 8a Χ Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O...... 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11a 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy? Χ 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Χ 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

N Own website X Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

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

AETN FOUNDATION (501)682-2386, 350 S DONAGHEY, CONWAY, AR 72034

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Form 990 (2023)

organization's tax year.

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

| | , , | | | | | , | | · · · · · · · · · · · · · · · · · · · | | |
|---------------------------|-----------------------|-------------|-----------------------|---------|--------------|------------------------------|-------|---------------------------------------|----------------------------------|-----------------------|
| | | | | | (C) | | | | | |
| (A) | (B) | (40. | | | sition | | | (D) | (E) | (F) |
| Name and title | Average | | | | | han one s both ar | 1 | Reportable | Reportable | Estimated amount |
| | hours | offic | cer and | d a di | irector | r/trustee) | | compensation | compensation | of other |
| | per week (list any | | | | | | | from the organization (W-2/ | from related organizations (W-2/ | compensation from the |
| | hours for | or director | Insti | Officer | Key | Highest compensated employee | Forme | 1099-MISC/ | 1099-MISC/ | organization and |
| | related | recto | u | ĕr | emp | loye | ner | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations |) Y II | Institutional trustee | | Key employee | e comp | | | | |
| | below dotted line) | stee | uste | | Ф. | ens | | | | |
| | dotted line) | | Ф | | | ated | | | | |
| | | | | | | | | | | |
| WOLLEDIOOF JONEO BRANCH | | | | | | | | | | |
| (1) CHERISSE JONES-BRANCH | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (2) TONI LINDSEY | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (3) CORA BOWIE DAVIS | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (4) VICTOR GREEN | | ,, | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (5) SCOTT PACE | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (6) COURTNEY PLEDGER | | ,, | | | | | | | | _ |
| ARPBS ED/CEO | | X | | | | | | 0 | 0 | 0 |
| (7) AMY BRANTLEY | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (8) ANNETTE HERRINGTON | | | | | | | | | | |
| COMMISSION REPRESENTATIVE | | X | | | | | | 0 | 0 | 0 |
| (9) DREW SPURGERS | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (10)EDWIN MCCLURE | | ,, | | ., | | | | | | _ |
| SEC/TREAS | | X | | Х | | | | 0 | 0 | 0 |
| (11) GAYLE CORLEY | | | | | | | | _ | _ | _ |
| VICE PRESIDENT | | X | | Х | | | | 0 | 0 | 0 |
| (12)JONATHAN RHODES | | | | | | | | _ | _ | _ |
| PRESIDENT | | X | | Х | | | | 0 | 0 | 0 |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| | | | | | | | | | | |
| EEA. | | | | | | | | | | Form 000 (2022) |

EEA Form 990 (2023)

| (A) Name and title | (B) Average hours per week (list any | box, offic | unles er and | Pos eck m ss per d a di | rson is rector | nan one s both a /trustee | n) | (D) Reportable compensation from the organization (W-2/ | (E) Reportable compensation from related organizations (W-2/ | cor f | (F) ated amo of other npensatio | on |
|--|--|-----------------------------------|-----------------------|----------------------------------|-------------------|---------------------------------|--------|--|--|----------|---------------------------------|------|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | -ormer | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | 1 | nization a | |
| <u>(15)</u> | | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | |
| <u>(20)</u> | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| <u>(23)</u> | | | | | | | | | | | | |
| <u>(24)</u> | | | | | | | | | | | | |
| <u>(25)</u> | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | ı | | | | | |
| d Total (add lines 1b and 1c) | | | - 1:-4 | | -1 | | .1 | 0 | 0 | | | 0 |
| Total number of individuals (including but n reportable compensation from the organiza | | tnos | e iisi | tea | abc | ove) w | /no | received more tr | an \$100,000 o | | | 1 |
| 3 Did the organization list any former officer, direct | tor, trustee, k | ey em | ploye | ee, | or hi | ghest | com | pensated | | | Yes | No |
| employee on line 1a? If "Yes," complete Schedul 4 For any individual listed on line 1a, is the sum of re | | | | | | | | | | 3 | | X |
| organization and related organizations greater th individual | | | | | nplet | e Sch | edul | e J for such | | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue | compensation | n from | any | unr | | _ | | | | | | |
| for services rendered to the organization? If "Yes Section B. Independent Contractors | s," complete | Sched | ule J | for | suc | n pers | on. | | | 5 | | X |
| Complete this table for your five highest con | • | | | | | | | | | | 4 | |
| compensation from the organization. Repor | rt compens | ation i | or tr | ne c | caie | ndar | year | enaing with or v | vitnin the organ | (C) | tax ye | ear. |
| Name and business addres | SS | | | | | | | Description of servic | es | Compens | ation | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total number of independent contractors (in received more than \$100,000 of compensations) | _ | | | | | ose li | stec | d above) who | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (A) Total revenue Related or exempt Unrelated Revenue excluded business revenue function revenue from tax under sections 512-514 Federated campaigns 1a b Membership dues 1b 3,306,638 Fundraising events 1c С Contributions, Gifts, Grants and Other Similar Amounts Related organizations 1d Government grants (contributions) ... 1e All other contributions, gifts, grants, and similar amounts not included above 1,228,922 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 4,535,560 **Business Code** 2a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 410,363 410,363 other similar amounts) Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6a Gross rents 6a 6b b Less: rental expenses... c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7a Gross amount from sales of assets other than inventory ... 7a 29 b Less: cost or other basis and sales expenses ... 7b Other Revenue c Gain or (loss) 7с 29 d Net gain or (loss) 29 29 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a **Miscellanous** Revenue b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 4,945,952 410,392 0

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Part IX Statement of Functional Expenses

X Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 725,001 412,263 54,639 258,099 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits 200,152 34,655 20,486 145,011 10 Payroll taxes 11 Fees for services (nonemployees): а Management b Legal..... Accounting 156,690 23,581 133,109 С d Lobbying Professional fundraising services. See Part IV, line 17. . е f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) ... 12 Advertising and promotion 10,978 2,295 3,144 5,539 13 Office expenses 66,181 309 4,333 61,539 14 Information technology 15 16 Occupancy 54.600 54.600 17 Travel 14,036 748 13,288 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 5,737 400 755 4,582 19 Conferences, conventions, and meetings 20 Interest..... 21 Payments to affiliates 22 Depreciation, depletion, and amortization 5,099 514 4,585 23 Insurance 17,382 17,382 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) POSTAGE 78,001 24,845 257 52,899 **TELECOMMUNICATIONS** b 39,800 156 39,644 c PRINTING 215,550 215,550 d EQUIPMENT RENTAL 180,719 166,502 14,217 All other expenses 2,019,328 1,324,532 2,493 692,303 e Total functional expenses. Add lines 1 through 24e ... 128,488 25 3,789,254 2,235,951 1,424,815 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

| | | Check if Schedule O contains a response or note | e to an | y line in this Part X | | | |
|-----------------------------|-----|---|---------|-----------------------|----------------------|----------|-------------|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 1,673,318 | 2 | 1,984,795 |
| | 3 | Pledges and grants receivable, net | | | 78,753 | 3 | 63,680 |
| | 4 | Accounts receivable, net | | | 78,658 | 4 | 118,898 |
| | 5 | Loans and other receivables from any current or former | | director | . 0,000 | | 1.10,000 |
| | Ū | trustee, key employee, creator or founder, substantial co | | | | | |
| | | controlled entity or family member of any of these person | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | | | | | |
| | Ü | under section 4958(f)(1)), and persons described in sec | | | | 6 | |
| | 7 | Notes and loans receivable, net | | 30(0)(0)(D) | | 7 | - |
| ş | 8 | Inventories for sale or use | | | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | | 2,403 | 9 | 28,578 |
| ۹ | 10a | Land, buildings, and equipment: cost or other | | ••• | 2,403 | 9 | 20,370 |
| | IUa | basis. Complete Part VI of Schedule D | 10a | 346,835 | | | |
| | b | Less: accumulated depreciation | 10a | 335,326 | 12,651 | 10c | 11,509 |
| | 11 | Investments - publicly traded securities | | · | 12,001 | 11 | 11,509 |
| | 12 | Investments - other securities. See Part IV, line 11 | | İ | 8,782,531 | 12 | 9,585,565 |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 0,702,551 | 13 | 9,303,303 |
| | 14 | Intangible assets | | | | 14 | |
| | | Other assets. See Part IV, line 11 | | | 90.204 | 15 | 27,281 |
| | 15 | • | | | 89,394 10,717,708 | | 11,820,306 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | | | | 16 | |
| | 17 | Accounts payable and accrued expenses | | • • • | 223,612 | 17 18 | 145,999 |
| | 18 | Grants payable | | | F7 000 | 19 | 00.005 |
| | 19 | Deferred revenue | | | 57,890 | | 90,825 |
| | 20 | Tax-exempt bond liabilities | | dula D | | 20 | - |
| | 21 | Escrow or custodial account liability. Complete Part IV of | | | | 21 | |
| Se | 22 | Loans and other payables to any current or former office | | | | | |
| i <u>i</u> | | trustee, key employee, creator or founder, substantial co | | | | 00 | |
| Liabilities | 00 | controlled entity or family member of any of these person | | | 07.004 | 22 | 47.050 |
| | 23 | Secured mortgages and notes payable to unrelated thin | | l l | 27,281 | 23 | 17,859 |
| | 24 | Unsecured notes and loans payable to unrelated third p | | İ | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables | | | | | |
| | | parties, and other liabilities not included on lines 17-24) | . Compi | ete Part X | | | |
| | 00 | of Schedule D | | | 000 700 | 25 | 054.000 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 308,783 | 26 | 254,683 |
| | | Organizations that follow FASB ASC 958, check here | X | | | | |
| | 07 | and complete lines 27, 28, 32, and 33. | | | 4 400 545 | 07 | 4 700 000 |
| Sec | 27 | Net assets without donor restrictions | | | 1,469,515 | 27 | 1,733,023 |
| alar | 28 | Net assets with donor restrictions | | | 8,939,410 | 28 | 9,832,600 |
| g B | | Organizations that do not follow FASB ASC 958, check | nere | | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or equipmen | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, o | | tunds | 40 400 005 | 31 | 44 505 000 |
| Net | 32 | Total net assets or fund balances | | | 10,408,925 | 32 | 11,565,623 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 10,717,708 | 33 | 11,820,306 |

EEA Form 990 (2023)

| Form | 1990 (2023) AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI 7 | 1-0592505 | | Pa | age 12 |
|------|---|-----------|------|--------|--------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,9 | 945,9 | 52 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,7 | 789,2 | 54 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,1 | 156,69 | 98 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 10,4 | 108,92 | 25 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 11,5 | 565,62 | 23 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Χ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both. | | | | |
| | ⊠ Separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | Χ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form 990 (2023)

EEA

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

| Name | of th | e organization | | | | | Employer identification n | number |
|--------|--|--|---|---|---|--------------------------|---|---|
| AR E | DU | CATIONAL TELECOMMUNICA | ATIONS NETWO | ORK FOUNDATI | | | 71-0592505 | |
| Part | 1 | Reason for Public Charit | y Status. (All o | rganizations must c | omplete | this par | t.) See instructions | S. |
| The or | gaı | nization is not a private foundation be | ecause it is: (For lin | nes 1 through 12, check o | only one bo | x.) | | |
| 1 | | A church, convention of churches, | or association of cl | hurches described in se | ction 170(l | o)(1)(A)(i). | | |
| 2 | | A school described in section 170(| b)(1)(A)(ii). (Attach | Schedule E (Form 990) | .) | | | |
| 3 | | A hospital or a cooperative hospital | l service organizati | ion described in section | 170(b)(1)(| A)(iii). | | |
| 4 | | A medical research organization of | perated in conjunct | tion with a hospital descr | ribed in se | ction 170(l | o)(1)(A)(iii). Enter the | |
| | | hospital's name, city, and state: | | | | | | |
| 5 | | An organization operated for the be section 170(b)(1)(A)(iv). (Complete | _ | r university owned or ope | erated by a | governme | ental unit described in | |
| 6 | П | A federal, state, or local government | , | Lunit described in section | n 170(h)(1 |)(A)(v) | | |
| 7 | X | An organization that normally receive | • | | . , . | | rom the general public | |
| • | نا | described in section 170(b)(1)(A)(v | | | OVCITIITICIT | ici dilit oi i | om the general public | |
| 8 | П | A community trust described in sec | | • | | | | |
| 9 | H | An agricultural research organization | | | arated in c | oniunction | with a land-grant colle | oge. |
| 9 | Ш | • | | . , . , . , . | | • | - | ge |
| | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or | | | | | | | |
| 10 | | university: | (a.a. (1) mara than ? | 22 4/20/ of its support fro | m contribu | tions man | harabin face and area | • |
| 10 | Ш | An organization that normally receive receipts from activities related to its support from gross investment inco acquired by the organization after. | exempt functions, me and unrelated b | subject to certain exceptusiness taxable income | tions; and (less secti | (2) no mor on 511 tax | e than 33 1/3% of its | 5 |
| 11 | | An organization organized and ope | erated exclusively t | o test for public safety. | See section | n 509(a)(4) |). | |
| 12 | | An organization organized and open | rated exclusively fo | r the benefit of, to perform | m the func | tions of, or | to carry out the purpos | es of |
| | | one or more publicly supported org | anizations describ | ed in section 509(a)(1) o | or section s | 509(a)(2). | See section 509(a)(3). | Check |
| | | the box on lines 12a through 12d th | at describes the typ | oe of supporting organiza | ation and c | omplete lir | nes 12e, 12f, and 12g. | |
| а | | Type I. A supporting organizati | on operated, supe | rvised, or controlled by it | ts supporte | ed organiz | ation(s), typically by giv | ving |
| | | the supported organization(s) the | he power to regular | rly appoint or elect a ma | jority of the | directors | or trustees of the | • |
| | | supporting organization. You n | | • • • • | , | | | |
| b | | Type II. A supporting organizat | • | | with its su | oported or | ganization(s), by havin | α |
| _ | | control or management of the s | • | | | | | - |
| | | organization(s). You must com | | · | | | a.ago a.o oapporto | _ |
| С | | Type III functionally integrated. | • | | nection wi | th and fur | octionally integrated wit | th |
| Ū | | its supported organization(s) (s | | • | | | | , |
| ٦ | | Type III non-functionally integral | , | • | | | | \(\sigma\) |
| d | | that is not functionally integrate | 0 | • | | | | ` ' |
| | | , , | J | • , , | | • | ent and an attentivenes | 5 |
| | | requirement (see instructions). | • | | | | . T U. T UI | |
| е | | Check this box if the organization | | | | | ı, туреті, туретіі | |
| | _ | functionally integrated, or Type | - | integrated supporting of | rganizatior |). | | |
| t | | nter the number of supported organ | | | | • • • | | |
| g | | rovide the following information about | | ` , | | | | |
| | | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the o listed in you docum | r governing | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | | | 100 | 110 | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| (E) | | | | | | | | |
| Total | | | | | | | 1 | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| | on A. Public Support | | | | | | |
|-------|--|------------------|------------------|-------------------|------------------|------------------|-------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 3,058,377 | 3,579,456 | 4,358,305 | 4,317,104 | 4,483,087 | 19,796,329 |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3,058,377 | 3,579,456 | 4,358,305 | 4,317,104 | 4,483,087 | 19,796,329 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 19,796,329 |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 3,058,377 | 3,579,456 | 4,358,305 | 4,317,104 | 4,483,087 | 19,796,329 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| | similar sources | 299,824 | 293,730 | 538,930 | 370,969 | 202,221 | 1,705,674 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| | is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 21,502,003 |
| 12 | Gross receipts from related activities, etc | . (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the or | ganization's fi | rst, second, thi | rd, fourth, or fi | fth tax year as | a section 501(| c)(3) |
| | organization, check this box and stop her | e | | | | | |
| Secti | on C. Computation of Public Support F | Percentage | | | | | |
| 14 | Public support percentage for 2023 (line | 6, column (f), | divided by line | 11, column (f) |) | 14 | 92.07 % |
| 15 | Public support percentage from 2022 Sch | nedule A, Part | II, line 14 | | | 15 | 90.70 % |
| 16a | 33 1/3% support test - 2023. If the organi | | | | | | |
| | box and stop here. The organization qual | • | | • | | | X |
| b | 33 1/3% support test - 2022. If the organi | zation did not | check a box or | n line 13 or 16 | a, and line 15 i | s 33 1/3% or m | nore, check |
| | this box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2023 | . If the organiz | zation did not c | heck a box on | line 13, 16a, c | or 16b, and line | 14 is |
| | 10% or more, and if the organization mee | | | | | - | |
| | Part VI how the organization meets the fa | acts-and-circu | mstances test. | The organizat | ion qualifies as | a publicly sup | ported |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2022 | . If the organiz | zation did not c | heck a box on | line 13, 16a, 1 | 6b, or 17a, and | d line |
| | 15 is 10% or more, and if the organization | n meets the fa | cts-and-circum | stances test, o | check this box | and stop here. | Explain |
| | in Part VI how the organization meets the | facts-and-cire | cumstances te | st. The organiz | zation qualifies | as a publicly s | upported |
| | organization | | | | | | |
| 18 | Private foundation. If the organization did | not check a b | oox on line 13, | 16a, 16b, 17a, | or 17b, check | this box and s | ee |
| | instructions | | | | | | |

EEA Schedule A (Form 990) 2023

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

(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 below, please complete Part II.)

| Section | on A. Public Support | | _ | | | | |
|---------------|---|-----------------------|-------------------|-----------------|------------------|----------------|-----------|
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | | | | | | | |
| | received from disqualified persons | | | | | | |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | () 2242 | (1.) 0000 | () 0004 | (1) 0000 | () 2222 | (O = 1) |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| _ | acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| 40 | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 10 | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 11 | and 12.) | L ranization'a fir | at accord this | d fourth or fif | th tox year as a | eaction FO1/a | \(\(\)(2) |
| 14 | First 5 years. If the Form 990 is for the org | - | | | - | Section 50 r(c | .)(3) |
| Socti | organization, check this box and stop here on C. Computation of Public Support Po | | | | | | |
| | Public support percentage for 2023 (line 8 | | lividad by lina 1 | 12 column (f)) | | 15 | % |
| 15 16 | · · · · · · · · · · · · · · · · · · · | | - | | | | |
| 16 Section | Public support percentage from 2022 Schoon D. Computation of Investment Incom | | | | • | 16 | |
| 17 | on D. Computation of Investment Incom Investment income percentage for 2023 (I | | • | v line 12 cel | ımn (f\) | 17 | % |
| 17 | | | | - | | 18 | |
| | Investment income percentage from 2022 33 1/3% support tests - 2023. If the organi | | | | | | |
| 19a | 17 is not more than 33 1/3%, check this bo | | | | | | |
| h | | - | - | | • | | |
| b | 33 1/3% support tests - 2022. If the organization line 18 is not more than 33 1/3%, check this box | | | | | | |
| 20 | Private foundation. If the organization did | | - | | | - | = |

Part IV Supporting Organizations

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

| Section A. All Supporting Organizations | Section / | ۹. All | Supporti | ng Orgar | nization |
|---|-----------|--------|----------|----------|----------|
|---|-----------|--------|----------|----------|----------|

| 20011 | on A. All Supporting Organizations | | Yes | No |
|-------|---|------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | 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) | | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 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 lines 4b and 4c 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 | | |
| С | 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," | | | |
| ou | answer lines 5b and 5c 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 | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | - Ou | | |
| D | 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 | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | - 50 | | |
| U | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | 0 | | |
| , | (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). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line | | | |
| O | 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 00 | Was the organization controlled directly or indirectly at any time during the tax year by one or more | 0 | | |
| 9a | | | | |
| | disqualified persons, as defined in section 4946 (other than foundation managers and organizations | 00 | | |
| L | described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | O.L. | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | | | |
| 40 | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | 4.5 | | |
| _ | supporting organizations)? If "Yes," answer line 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |
| | determine whether the organization had excess business holdings.) | 10b | | |

EEA Schedule A (Form 990) 2023

| rait | Supporting Organizations (continued) | | Yes | No |
|---------|--|---------|--------|-----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 163 | 110 |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| - | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Section | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, 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 | | | |
| | 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 | | |
| Section | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| Soctiv | the supported organization(s). on D. All Type III Supporting Organizations | 1 | | |
| Secil | on 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 | | 163 | INO |
| ' | 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 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| | how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, 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 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instr | uction | s). |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc | tions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 20 | | |
| h | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, 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 | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | ۵, | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 54 | | |
| ~ | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part | 7 0 1717 11 0 0 | | | |
|---------|--|--------|---------------------------|-----------------------------|
| 1 | $\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying | | | |
| | instructions. All other Type III non-functionally integrated supporting organiz | atio | ns must complete Section | ns A through E. |
| Section | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section | on B - Minimum Asset Amount | • | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| С | c Fair market value of other non-exempt-use assets | | | |
| | d Total (add lines 1a, 1b, and 1c) | | | |
| 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 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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-functiona | lly ir | ntegrated Type III suppor | ting organization |
| | (see instructions). | • | 5 71 111 | 5 0 |

EEA Schedule A (Form 990) 2023

| ган | Type in Non-i unclionally integrated 309(a)(3) | Supporting Organizati | ons (continued) | | | |
|---------|--|-----------------------------|--|----|---|--|
| Section | Section D - Distributions | | | | | |
| 1 | Amounts paid to supported organizations to accomplish ex | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organ | izations | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | - provide details in Part | VI) | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | |
| Section | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | | (iii) Distributable Amount for 2023 | |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | | |
| | instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | | |
| а | From 2018 | | | | | |
| b | From 2019 | | | | | |
| С | From 2020 | | | | | |
| d | From 2021 | | | | | |
| е | From 2022 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2023 distributable amount | | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2023 from | | | | | |
| | Section D, line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2023 distributable amount | | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| a | Excess from 2019 | | | | | |
| b | Excess from 2020 | | | | | |
| C | Excess from 2021 | | | | | |
| d | Excess from 2022 | | | | | |
| e | Excess from 2023 | | | | | |
| | | | | | | |

Schedule A (Form 990) 2023 EEA

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

| lines 2, 5, and 6. Also | complete this part for a | ariy additional infol | mation. (See instru | cuons.) |
|-------------------------|--------------------------|-----------------------|---------------------|---------|
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Schedule B

(Form 990) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

| R EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI 71-0592505 | | | | | | | |
|--|--|--------------------------------------|--|--|--|--|--|
| Organization typ | | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990 | EZ | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | n | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | | |
| Check if your org | anization is covered by the General Rule or a Special Rule. | | | | | | |
| Note: Only a seconstructions. | on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec | ial Rule. See | | | | | |
| General Rule | | | | | | | |
| or more | rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota (in money or property) from any one contributor. Complete Parts I and II. See instructions for deor's total contributions. | _ | | | | | |
| Special Rules | | | | | | | |
| regulati 16b, an | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| contribu literary, | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | |
| contribu contribu during t Genera | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| must answer "N | inization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule or on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F doesn't meet the filing requirements of Schedule B (Form 990). | | | | | | |

Schedule B (Form 990) (2023) Name of organization Employer identification number

AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI

71-0592505

| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space is ne | eded. |
|------------|---|----------------------------------|-----------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _1_ | CPB SOUTHERN STORYTELLERS 401 9TH STREET NW WASHINGTON DC 20004 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| AR ED | DUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI | 71-0592505 |
|-------|--|---------------------------------|
| Pai | t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (4) |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| O | funds are the organization's property, subject to the organization's exclusive legal control? | ☐ Yes ☐ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | [165 [140 |
| O | | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | □ vaa □ Na |
| Dort | conferring impermissible private benefit? | Yes No |
| Part | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | | torically important land area |
| | | rtified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contr | onservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d | Number of conservation easements included on line 2c, acquired after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization | anization during the |
| | tax year | Ç |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | ☐ Yes ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | |
| ŭ | Grant and Total look house desired to mornioning, mappeding, matalining or houseless, and otherwise | on caccine adming the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation expenses. | asements during the year |
| , | Amount of expenses incurred in monitoring, inspecting, nandling of violations, and emoting conservation of | ascinetis duling the year |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(| R)(i) |
| O | | |
| 0 | and section 170(h)(4)(B)(ii)? | ☐ Yes ☐ No |
| 9 | | |
| | sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe | bes the |
| Dow | organization's accounting for conservation easements | wiles Accets |
| Part | | niiar Assets |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and be | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthers | ance of public |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan | ce sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherand | ce of public service, |
| | provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | \$ |
| | (ii) Assets included in Form 990, Part X | \$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain | n, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | \$ |
| b | Assets included in Form 990, Part X | \$ |

| Par | III Organizations Maintaining C | ollections of Art, | Historical | Treasu | ures, or Oth | ner Si | milar Assets (c | ontinued) | | |
|-----|---|------------------------------|-----------------|----------------|------------------|-----------|----------------------|-------------|--------|-----|
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | dГ | Loan or | exchange pro | ogram | | | | |
| b | | | | | | | | | | |
| | Preservation for future generations | | · _ | J Othor | | | | | | |
| C | | all and Carran and according | . h th t | | | | | | | |
| 4 | Provide a description of the organization's c | collections and explain | n now tney t | urtner the | e organization | s exen | npt purpose in Part | | | |
| | XIII. | | | | | | | | | |
| 5 | During the year, did the organization solicit of | or receive donations of | of art, histori | cal treası | ures, or other s | similar | | | | |
| | assets to be sold to raise funds rather than | to be maintained as p | part of the or | rganizatio | on's collection | ? | | Yes | | No |
| Par | IV Escrow and Custodial Arrang | gements | | | | | | | | |
| | Complete if the organization | answered "Yes" | on Form | 990, Pa | art IV, line 9 | 9, or | reported an am | ount on F | orm | 1 |
| | 990, Part X, line 21. | | | | | | • | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermedi | ary for contr | ibutions o | or other assets | s not | | | | |
| iu | included on Form 990, Part X? | | - | | or other decon | , 1101 | | Yes | П | No |
| h | | | | | | | | □ 163 | ш | INO |
| b | If "Yes," explain the arrangement in Part XII | rand complete the to | nowing table |) . | | | | | | |
| | | | | | | - | | ount | | |
| С | Beginning balance | | | | | 10 | | | | |
| d | Additions during the year | | | | | 10 | d | | | |
| е | Distributions during the year | | | | | 16 |) | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for escr | ow or cus | stodial accoun | t liabili | ty? | Yes | | No |
| b | If "Yes," explain the arrangement in Part XII | I. Check here if the e | xplanation h | as been i | provided on Pa | art XIII | | | П | |
| Par | | | | | | | | | | |
| | Complete if the organization | answered "Yes" | on Form | 990 Pa | art IV line | 10 | | | | |
| | Complete ii tiio organiization | (a) Current year | (b) Prior | | (c) Two years t | | (d) Three years back | (e) Four ye | oare h | ack |
| 10 | Paginning of year halance | | | | | | | | | |
| 1a | Beginning of year balance | 7,577,577 | 5,907, | | 4,944,40 | | 4,598,571 | 4,22 | | |
| b | Contributions | 560,362 | 223 | ,061 | 454,9 | 00 | 78,802 | 10 | 6,2 | /4 |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | losses | 314,890 | 1,446, | 704 | 508,5 | 80 | 267,031 | 26 | 4,3 | 10 |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 8,452,829 | 7.577. | 577 | 5,907,81 | 2 | 4,944,404 | 4,598 | 3 57 | 1 |
| 2 | Provide the estimated percentage of the cur | · / | ,- ,- | | , , | _ | 1,011,101 | 1,000 | ,,,,,, | • |
| | Board designated or quasi-endowment | % | c (iiiic 19, oc | mariii (a) |) Hold do. | | | | | |
| a | | | | | | | | | | |
| D | Permanent endowment% | | | | | | | | | |
| С | Term endowment% | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the poss | ession of the organiz | ation that are | e held an | d administered | for th | е | | | |
| | organization by: | | | | | | | \ | 'es | No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | | |
| | (ii) Related organizations? | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiz | zations listed as requ | ired on Sche | edule R?. | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | | | OWITICITETATIO | <i>.</i> | | | | | | |
| rai | | | on Form | 000 D | ort IV/ line | 110 | 200 Form 000 | Dort V lir | 1 | Λ |
| - | Complete if the organization | | | | | | | | | U. |
| | Description of property | (a) Cost or othe | | . , | other basis | . , | Accumulated | (d) Book v | alue | |
| | | (investme | ent) | (0 | other) | d | epreciation | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | 34 | 6,835 | | | | 335,326 | 1 | 1,5 | 09 |
| e | Other STMD1 | | , | | | | , | | , - | |
| | Add lines 1a through 1e. (Column (d) must e | | X. line 10c. | column | (B) | | | 1 | 1,5 | 09 |
| | | , | , , | | · / | | | | . , - | |

Schedule D (Form 990) 2023 AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI

Page 2

71-0592505

| Part VII | Investments - Other Securities Complete if the organization answere | ed "Yes" on For | m 990, Part IV, lir | ne 11b. See Forr | m 990, Part X, line 12. |
|------------------|---|------------------------|----------------------------|-----------------------|---|
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) N | lethod of valuation: nd-of-year market value |
| (1) Financial of | derivatives | | | | |
| (2) Closely-he | eld equity interests | | | | |
| (3) Other | | | | | |
| (A)NVESTI | MENTS OTHER SECURITIES | | 9,585,565 | COST | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | (1) | | 0.505.505 | | |
| | (b) must equal Form 990, Part X, line 12, col.(B |)) | 9,585,565 | | |
| Part VIII | Investments - Program Related Complete if the organization answere | ed "Yes" on For | m 990, Part IV, lir | ne 11c. See Forr | n 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | . , | lethod of valuation: nd-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, line 13, col. (E | 3)) | | | |
| Part IX | Other Assets | | 000 5 (1)/ 1 | 4410 5 | 000 D ()/ I' 45 |
| | Complete if the organization answere | | m 990, Part IV, IIr | ne 11a. See Forr | |
| (400EDAT | | Description | | | (b) Book value |
| | ING LEASE | | | | 27,281 |
| (2) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, line 15 col. (B |)) | | | 27,281 |
| Part X | Other Liabilities Complete if the organization answere line 25. | | | ne 11e or 11f. Se | |
| 1. | (a) Description of liability | (b) Book | /alue | | |
| (1) Federal i | ncome taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (| b) must equal Form 990, Part X, line 25 col. (B)) | | | | |
| 2. Liability for | uncertain tax positions. In Part XIII, provide the te | ext of the footnote to | o the organization's fin | ancial statements tha | t reports the |
| organization's | liability for uncertain tax positions under FASB AS | SC 740. Check here | e if the text of the footn | ote has been provide | ed in Part XIII |

EEA Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 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 Employer identification number AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI 71-0592505 01. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS REVIEWED FOR ACCURACY AND COMPLETENESS BEFORE SIGNING BY MANAGEMENT. 02. Conflict of interest policy compliance (Part VI, line 12c) DISCLOSURE IS REQUIRED ANNUALLY DURING PERFORMANCE EVALUATIONS AND BOARD MEETINGS WITH MONITORING OCCURING THROUGHOUT THE YEAR. 03. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION AND BENEFITS EMULATE THOSE OF THE ARKANSAS EDUCATIONAL TELEVISION COMMISSION STATE EMPLOYEE PAY PLAN AND ARE APPROVED BY THE BOARD DURING THE BUDGETARY PROCESS. 04. Other officer or key employee compensation (Part VI, line 15b COMPENSATION AND BENEFITS EMULATE THOSE OF THE ARKANSAS EDUCATIONAL TELEVISION COMMISSION STATE EMPLOYEE PAY PLAN AND ARE APPROVED BY THE BOARD DURING THE BUDGETARY PROCESS. 05. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE PROVIDED UPON REQUESTS MADE TO THE ADMINISTRATIVE OFFICES. 06. List of other expenses (Part IX, line 24e) OTHER FEES PROFESSIONAL FEES \$133,109 DEVELOPMENT MANAGEMENT \$17,082 **ASSOCIATION DUES**

Schedule O (Form 990) 2023 Page 2

| Schedule O (Form 990) 2023 | | Page 2 |
|--|--------------------------------|--------|
| Name of the organization | Employer identification number | _ |
| AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI | 71-0592505 | |
| PROMOTION \$400 | | |
| DEVELOPMENT ALTON | | |
| DEVELOPMENT \$4,582 | | |
| MANGEMENT \$755 | | |
| | | |
| | | |
| SUBSCRIPTIONS | | |
| PRODUCTION \$24 | | |
| | | |
| DEVELOPMENT \$867 | | |
| | | |
| | | |
| PREMIUMS | | |
| DEVELOPMENT \$118,922 | | |
| | | |
| | | |
| EDUCATION SUPPLIES AND MATERIALS | | |
| DEVELOPMENT \$11,613 | | |
| | | |
| MANAGEMENT \$1,567 | | |
| COMPUTER SUPPLIES AND EXPENSES | | |
| PRODUCTION \$308 | | |
| PRODUCTION \$500 | | |
| DEVELOPMENT \$49,926 | | |
| MANGEMENT \$2,766 | | |
| 11111111111111111111111111111111111111 | | |
| | | |
| FOOD AND CATERING EXPENSE | | |
| DEVELOPMENT #7.045 | | |
| DEVELOPMENT \$7,345 | | |
| MANAGEMENT \$105 | | |
| | | |
| | | |
| MASTER CONTROL RESERVES | | |
| PROGRAMMING \$12,007 | | |
| | | |
| | | |
| AR PBS EXPENSE | | |
| | | |

EEA Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Employer identification number Name of the organization 71-0592505 AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI PROGRAMMING \$138,601 ENDOWMENT TRANSFER PROGRAMMING \$14,619 **EQUIPMENT PURCHASE PRODUCTION** \$2,484 DEVELOPMENT \$3,106 MANAGEMENT \$1,660 PROGRAM GRANTS PROGRAMMING \$1,158,750 **PRODUCTION** \$356,729 OTHER EXPENSES PROGRAMMING \$555 DEVELOPMENT \$149,442 MANAGEMENT \$728 IN-KIND ADVERTISING PROMOTION \$53,374

EEA Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Part I

(1)

Related Organizations and Unrelated Partnerships

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

(d) Total income

(c) Legal domicile (state or foreign country) 2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

(b) Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection

(f) Direct controlling entity

Name of the organization

AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDATI

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 71-0592505

(e) End-of-year assets

| (2) | | | | | | | | | |
|--|----------------------|---------------------|---|------------------------------|--|-------------------------------|-------------------------------|--------------------------------|--|
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. | | | | | | | | | |
| (a) Name, address, and EIN of related organization | Prima | (b) ary activity | (C) Legal domicile (state or foreign country) | e (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 5 controlle Yes | g) 512(b)(13) ed entity? | |
| (1) ARKANSAS EDUCATIONAL TELEVISION CO, 71-0847443 350 S DONAGHEY CONWAY AR 72034 | EDUCATION TELEVISION | | AR | | 10 | N/A | 100 | X | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| | | | | | | | | | |

Part III

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under | (f) Share of total income | (g) Share of end-of- year assets | (h) Dispropo alloca | ortionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | j) eral or aging tner? | (k) Percentage ownership |
|--|----------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|---------------------------|-----------|---|-------------|---------------------------------|--------------------------------|
| | | country) | | sections 512-514) | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Section 5 contri | 12(b)(13) |
|--|-------------------------|---|-------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|------------------|-----------|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |

EEA

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

No

Yes

1a

1b

1c

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

| d | Loans or loan guarantees to or for related organization(s) | 10 | t | | Χ | | | |
|--|--|-----------------|---------|-------|------|--|--|--|
| е | Loans or loan guarantees by related organization(s) | 10 | 9 | | Χ | | | |
| | | | | | | | | |
| f | Dividends from related organization(s) | 11 | | | Χ | | | |
| g Sale of assets to related organization(s) | | | | | | | | |
| h Purchase of assets from related organization(s) | | | | | | | | |
| i | Exchange of assets with related organization(s) | 1i | | | Χ | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | |
| | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 11 | | X | | | | |
| I | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X | | | | |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1r | n | | Χ | | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 11 | ۱ | | Χ | | | |
| 0 | Sharing of paid employees with related organization(s) | 10 | | | Χ | | | |
| | | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | 10 | 1 | | X | | | |
| | | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | | | | | |
| | Other transfer of cash or property from related organization(s) | 1: | 6 | | _X | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | | | | | |
| | (a) (b) (c) | (d) | | | | | | |
| | Name of related organization Transaction Amount involved Method of type (a-s) | determining amo | unt inv | olved | | | | |
| | , ypv (a. s) | | | | | | | |
| | ARKANSAS EDUCATIONAL TELEVISION COM L 156,690 | | | | | | | |
| (1) | ARRANSAS EDUCATIONAL TELEVISION COM | | | | | | | |
| (O) | ARKANSAS EDUCATIONAL TELEVISION COM P 171,024 | | | | | | | |
| (2) | ARRANGAG EDUCATIONAL TELEVISION COM | | | | | | | |
| (O) | ARKANSAS EDUCATIONAL TELEVISION COM R 1,166,446 | | | | | | | |
| (3) | ARRANGAG EDUGATIONAE TELEVISION COM | | | | | | | |
| / / \ | ARKANSAS EDUCATIONAL TELEVISION COM K 54,600 | | | | | | | |
| (4) | THE THE PROPERTY OF THE PROPER | | | | | | | |
| <i>(E</i>) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (6) Fa | | Schedule R | (Form | 000) | 2023 | | | |

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

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

| | (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | sec 501 | partners | (f) Share of total income | (g) Share of end-of-year assets | Disprop alloca | n) ortionate itions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana parti | aging | (k) Percentage ownership |
|------|---|-------------------------|---|---|------------|----------|---------------------------------|--|-------------------|----------------------------|---|-----------------------|------------|--------------------------------|
| | | | | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Cabad | - I- D (F: | orm 990) 2023 |

EEA

| Name(s) as shown on return | FOR YOUR RECO | ORDS ONLY Statements | 2023 F | PG01 |
|------------------------------|--|-------------------------|--------|---------------|
| AR EDUCATIONAL TELE | COMMUNICATIONS NE | TWORK FOUNDATI | | 0592505 |
| FORM | 990 - SCHEDULE D - PA INVESTMENTS - | | STATE | EMENT #D1E |
| DESCRIPTION OF INVESTMENT | COST/BASIS (I <u>NVESTMEN</u> T) | COST/BASIS (OTHER) | DEPR _ | BOOK VALUE |
| TOTAL | 0 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

07-01 , 2023, and ending 06-30 , 2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information

| Go to www.iis.gov/i offilio//3/12 | ioi the latest illioillation | !• | |
|--|---|--|--|
| Name of filer | | EIN or SSN | |
| AR EDUCATIONAL TELECOMMUNICATIONS NETWORK FOUNDA | TI | 71-0592505 | |
| Name and title of officer or person subject to tax | | | |
| MARGE BETLEY, CEO, CEO | | | |
| Part I Type of Return and Return Information | | | |
| Check the box for the return for which you are using this Form 8879-TE and enter 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, of 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0 applicable line below. Do not complete more than one line in Part I. | enter whole dollars only rn being filed with this fo | . If you check the box orm was blank, then le | c on line 1a, 2a, eave line 1b, 2b, |
| 1a Form 990 check here X b Total revenue, if any (Form 9 | 90. Part VIII. column (A |). line 12) | 1b 4,945,952 |
| 2a Form 990-EZ check here | | · · · · · · · · · · · · · · · · · · · | 2b |
| 3a Form 1120-POL check here b Total tax (Form 1120-POL, lin | | | 3b |
| 4a Form 990-PF check here | ome (Form 990-PF, Par | t V, line 5) | 4b |
| 5a Form 8868 check here | e 3c) | | 5b |
| 6a Form 990-T check here b Total tax (Form 990-T, Part II | I, line 4) | | 6b |
| 7a Form 4720 check here | , line 1) | | 7b |
| 8a Form 5227 check here b FMV of assets at end of tax y | ear (Form 5227, Item D |) | 8b |
| 9a Form 5330 check here | line 19) | | 9b |
| 10a Form 8038-CP check here b Amount of credit payment rec | | | 10b |
| Part II Declaration and Signature Authorization of Officer or | | | |
| Under penalties of perjury, I declare that I am an officer of the above enti | | son subject to tax with | |
| of entity), (2023 electronic return and accompanying schedules and statements, and, to the b | (EIN) | | amined a copy of the |
| direct debit) entry to the financial institution account indicated in the tax preparation etum, and the financial institution to debit the entry to this account. To revoke a part-888-353-4537 no later than 2 business days prior to the payment (settlement) do processing of the electronic payment of taxes to receive confidential information in the payment. I have selected a personal identification number (PIN) as my signaturelectronic funds withdrawal. | ayment, I must contact th ate. I also authorize the ecessary to answer inqu | e U.S. Treasury Finar financial institutions in iries and resolve issu | ncial Agent at nvolved in the ues related to |
| | to enter my PIN | 92505 | as my signature |
| ERO firm name | | Enter five numbers do not enter all zer | * |
| on the tax year 2023 electronically filed return. If I have indicated within this agency(ies) regulating charities as part of the IRS Fed/State program, I als return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter m | o authorize the aforeme | ntioned ERO to enter | my PIN on the |
| filed return. If I have indicated within this return that a copy of the return is b of the IRS Fed/State program, I will enter my PIN on the return's disclosure | eing filed with a state ag | | |
| Signature of officer or person subject to tax | | Date <u>11-06-</u> | 2024 |
| Part III Certification and Authentication | | | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. | | | |
| idinoer (Et 114) tollowed by your live-digit Sell-Selected Film. | 716417 778 | 00 | |
| | Do not er | nter all zeros | |
| certify that the above numeric entry is my PIN, which is my signature on the 2023 am submitting this return in accordance with the requirements of Pub. 4163, Mooreoviders for Business Returns. | | | |
| ERO's signature | Date | e 02-18-2025 | |
| | | | |
| ERO Must Retain This Form Do Not Submit This Form to the IRS U | | o Do So | |

| Form 990 | Schedule A, Line 5 - Excess 2% Limitation Contributors | |
|----------------------------|---|---------------|
| Worksheet | | |
| | (This page is not filed with the retum. It is for your records only.) | 2023 |
| Name(s) as shown on return | | Tax ID Number |
| AR EDUCATIONAL TE | LECOMMUNICATIONS NETWORK FOUNDATI | 71-0592505 |

| | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
|-------------------------------------|------|------|------|------|---------|---------|----------------------|
| Name | 2019 | 2020 | 2021 | 2022 | 2023 | Total | Excess contributions |
| | | | | | | | (col. (f) minus |
| | | | | | | | the 2% limitation) |
| ARKANSAS DEPARTMENT OF AGRICULTURE | | | | | 36,971 | 36,971 | |
| WINDGATE FOUNDATION | | | | | 62,000 | 62,000 | |
| CPB SOUTHERN STORYTELLERS | | | | | 121,375 | 121,375 | |
| ARKANSAS ACTIVITIES ASSOCIATION | | | | | 12,000 | 12,000 | |
| STURGIS TRUST AR | | | | | 18,271 | 18,271 | |
| CORPORATION FOR PUBLIC BROADCASTING | } | | | | 28,608 | 28,608 | |
| SUSAN HOWARTH FOUNDATION | | | | | 40,000 | 40,000 | |
| STURGIS TRUST TX | | | | | 15,000 | 15,000 | |
| BLACK FOUNDATION | | | | | 10,000 | 10,000 | |
| MOVING IMAGE TRUST | | | | | 25,000 | 25,000 | |
| ARKANSAS HUMANITIES COUNSEL | | | | | 1,500 | 1,500 | |

<u>______</u>