Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2016

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

Open to Public Inspection

OMB No 1545-0047

<u> </u>	or un	e 20 to calendar year, or tax year beginning JUL 1, 2016 and	ل ending	UN 30, 2017	
В	Check if ipplicab	C Name of organization		D Employer identific	ation number
a	ipplicab	ARK. EDUC. TELE. NETWORK		' '	
	Addre chang	SS TOTAL TOTAL			
	Name			71_0	592505
H	lchano lnitial		D / 1		
늗	return _Final	,	Room/suite	E Telephone number	
_	⊸return	350 S. DONAGHEY		501-0	682-2386
	termii ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	2,897,400.
<u> </u>	Amen return	CONWAY, AR /2034		H(a) Is this a group re	turn
	Apple	F Name and address of principal officer COURTNEY PLEDGER		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1.7	 ax∙ex	empt status: X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1)	or 527		list (see instructions)
		te: WWW.AETNFOUNDATION.ORG	01 021	H(c) Group exemption	,
		forganization: X Corporation Trust Association Other			
	art I		L Year	or formation: 1984 M	State of legal domicile: AR
F	<u> </u>	Summary			
ø	1	Briefly describe the organization's mission or most significant activities THE			KISTS TO
Governance		RAISE FUNDS FOR PUBLIC TELEVISION PROGRAM	MS IN	ARKANSAS.	
Ë	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			10
ţį	_			5	
ξ	6	Total number of volunteers (estimate if necessary)		6	1540
Ä		Total unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
'	}		<u>_</u> _	Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		2,740,005.	2,703,135.
Š	9	Program service revenue (Part VIII, line 2g)		0.	0.
2017 Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		82,381.	86,339.
Œ			•	248,848.	107,926.
ಣ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
<u> </u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,071,234.	2,897,400.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
<u></u>	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
_ s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		678,183.	743,466.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ξĕ	Ь	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 1, 192, 0	42.		
Zŭ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,559,244.	1,764,811.
4	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,237,427.	2,508,277.
ดี	I			833,807.	389,123.
		Revenue less expenses. Subtract line 18 from line 12 C TVT		,	
Net Assets or Fund Balances	1		Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16) $\frac{ \mathcal{O} }{ \mathcal{O} }$		4,892,489.	5,687,298.
₹ P	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 20		273,852.	257,634.
캺	22	Net assets or fund balances Subtract line 21 from line 20		4,618,637.	5,429,664.
Pa	art II	Signature Block OCDEN 117			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer better than officer) is based on all information of wh			
1100,	00110	La Compressional and the property of the control of	non proparor	1/9/27	7/7
		Signature of officer		Date	
Sig	n	l'andre de la companya del companya della companya		54.5	
Her	e	COURTNEY PLEDGER, EXEC. DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's finature		Date Check	PTIN
Paid	l	STEVE W. CONNER, CPA	M-0	9/27/17 self-employe	p00123169
	arer	Firm's name CONNER & SARTAIN CPAS, PA		Firm's EIN	26-0328404
-	Only	Firm's address PO BOX 2260			
-00	Jing	CONWAY, AR 72033		Phone no 50	1-327-6688
		<u> </u>		i none no. J O .	X Yes No
May	the i	RS discuss this return with the preparer shown above? (see instructions)			
6320	01 11-	11-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.	MM	Form 990 (2016)

PRINTING	AND	PUBLICATION	OF MONTHLY	PROGRAM	GUIDE	FOR	DISTRIBUTION	TO
CONTRIBU	TORS							
Other program s	ervices (Describe in Schedule O	<u> </u>					
(Expenses \$		including g	rants of \$)	(Revenue \$)	

Total program service expenses

Form 990 (2016)

1,188,328.

ARK. EDUC. TELE. NETWORK Form 990 (2016) FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
^	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
7	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			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-6-	<u> </u>	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '		
·	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	ĺ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	ĺ
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 VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		^
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	15		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		17		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''-		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_ 		<u> </u>
19	complete Schedule G, Part III	19		x
_	complete Concession Cy r are in		990	_

Form 990 (2016) FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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 19 If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		i	
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease]		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	(
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ì
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	}		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			•
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		Х
	If "Yes," complete Schedule N, Part I	31_		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34	x	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		 -
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
_	Note. All Form 350 high are required to complete Somedule O		990	(2016)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	P	age 5				
	Check if Schedule O contains a response or note to any line in this Part V							
	Chesta Contains a response of note to any line in this Part V			┞═┵				
	Estable work was 141 B 0 65 4000 5 1 0 6 1 1 1		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			1				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Del the appropriate a complex of the latest and the latest an			ĺ				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l				
_	(gambling) winnings to prize winners?	1c	_X_					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
_	filed for the calendar year ending with or within the year covered by this return 2a 10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	_X_					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_		<u>X</u>				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country			ĺ				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		X				
5a	, , , , , , , , , , , , , , , , , , , ,							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.5				
	any contributions that were not tax deductible as charitable contributions?	6a_		<u> </u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b_						
7	Organizations that may receive deductible contributions under section 170(c).	7a	х	ĺ				
_	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
C	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 							
·	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		<u> </u>				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g.	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.		·					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12	į		i				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i				
11	Section 501(c)(12) organizations. Enter			l				
а	Gross income from members or shareholders			1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			l				
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O			ĺ				
b	b Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a		14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(0040)				
		Form	330	(2016)				

Form 990 (2016) FOUNDATION 71-0592505 Page
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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				-	X			
Sec	tion A. Governing Body and Management					<u> </u>			
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	า	103	140			
	If there are material differences in voting rights among members of the governing body, or if the governing	- 10		1	Ì	1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			-	ŀ				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10)	1	Ì			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			4					
_	officer, director, trustee, or key employee?	, ,,,,,,	any outon	2	1	Х			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision	-					
	of officers, directors, or trustees, or key employees to a management company or other person?	•		3	l	х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 w	as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	poin	t one or						
	more members of the governing body?	•		7a	ŀ	x			
ь	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?			7b		Х			
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	a The governing body?								
b	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	ched	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	e Code)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apte	rs, affiliates,	į					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		ļ			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ bef	ore filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				3.7				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo	es, " c	escribe	40-	v				
40	In Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva	lbu	ndenendent	17	22				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ПОУТ	ndopendoni		İ				
-	The organization's CEO, Executive Director, or top management official			15a	x				
a b	Other officers or key employees of the organization			15b	X				
V	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent '	with a		ļ				
	taxable entity during the year?			16a	Ì	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its	participation						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure		<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sec	tion 501(c)(3)s only)	avaılat	ole				
for public inspection. Indicate how you made these available. Check all that apply.									
X Own website X Another's website X Upon request Other (explain in Schedule O)									
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fin									
statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's book	oks a	nd records. >						
	AETN FOUNDATION - 501-682-2386								
	350 C DONACHEY CONWAY AR 72034								

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		i than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	Jeran	id a d	recu	Trus	(ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee	Ì	ee ,	mben		(***271099*****150)		and related
	below	dual	Itiona	_	Key employee	stco				organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) DR. CALVIN JOHNSON	10.00			-						
DIRECTOR		X				<u>L</u>		0.	0.	0
(2) LINDA BEENE BALLARD	10.00]								
CHAIR		X		X				0.	0.	0
(3) COURTNEY PLEDGER	10.00					1				
EXECUTIVE DIRECTOR		X	_	<u></u>		<u> </u>		0.	0.	0
(4) DAN FARLEY	10.00									
DIRECTOR		X	ļ		<u> </u>	<u> </u>		0.	0.	0
(5) RONNIE WILLIAMS	10.00				İ					
DIRECTOR	1000	X	<u> </u>	_	<u> </u>	ļ		0.	0.	0
(6) PHILIP KAPLAN	10.00									
DIRECTOR	10.00	X	ļ		ļ			0.	0.	0
(7) DR.LYNNE RICH	10.00	1						0.	o.	0
DIRECTOR	10.00	X		<u></u>		<u> </u>		0.	<u></u>	0
(8) KIRBY WILLIAMS	10.00	x		х	İ		'	0.	o.	0
SEC/TREAS	10.00	Α.		Λ			-	U •	U•	
(9) MIKE ROHRER	10.00	X						0.	0.	0
DIRECTOR	10.00	^						<u> </u>		
(10) SKIP HOLLAND	10.00	X			ļ			0.	0.	0
DIRECTOR (11) GOOTE PLOT	10.00	^						<u></u>		
(11) SCOTT PACE	10.00	X			ĺ			0.	0.	0
DIRECTOR (12) JONATHAN RHODES	10.00				-					
DIRECTOR	10.00	x	İ					0.	0.	0
(13) DR. CHARLES F. ROBINSON II	10.00									
DIRECTOR	=	x						0.	0.	0
(14) LARRY ROSS	10.00	1								
DIRECTOR		X						0.	0.	0
(15) TORI GIBSON THOMPSON	10.00	[<u> </u>
DIRECTOR		X		L	L_			0.	0.	0
		oxdot			<u> </u>	$oxed{oxed}$				
]	1]	'	1	1	1	1]	

Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	. (A) Name and title	(B) Average hours per week	(do	not c	Pos Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount	-
		(list any hours for related organizations below line)	tee or director	individual trustee or director institutional trustee Officer Key employee Highest compensated employee			the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other ompensa from the organizat and relat organizati	e ion ed		
									,			-	
											1		
											_		
										-			
			_	-									
			_	-							-		
			-					 			_		
											\downarrow		
	Sub-total Total from continuation sheets to Part VI	I, Section A						>	0.		0.		0.
	Total (add lines 1b and 1c)	-4 4 - 4 - 4		1			· · · · ·	<u> </u>	0.).[0.
	Total number of individuals (including but n compensation from the organization	or illusted to th		iiste	a a	30VE	e) wr	10 16	eceived more than \$100	,000 of reportable			0
3	Did the organization list any former officer,	director or tri	ister	e ke	v en	nnlo	Wee	or	highest compensated ea	molovee on	Γ	Yes	No
Ū	line 1a? If "Yes," complete Schedule J for s	uch ındıvıdual					-				3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	4		x _
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr			dual for services			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	<u>e J f</u>	or si	ich j	pers	on				_5	<u> </u>	<u> </u>
1	Complete this table for your five highest co										ensatio	n from	
	the organization. Report compensation for (A)	the calendar y	ear e	endı	ng w	vith (or w	<u>ithir</u>	n the organization's tax y (B)	/ear		(C)	
	Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices	Com	pensation	1
2	Total number of independent contractors (ii \$100,000 of compensation from the organization	ot lu	mite	d to		se lis	sted	d above) who received m	ore than				
	w 100,000 or compensation from the organic	LUMON									For	m 990 (2016)

_		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a	286,643.				J
ira	b	Membership dues		307,341.	1			
, Ĕ	c	r 1	1c					İ
# is		Related organizations	1d					}
S, E		Government grants (contribut	·					
ē	f	All other contributions, gifts, gran						
E E		similar amounts not included abo		109,151.	:			{
ES	а	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			2,703,135.			
				Business Code	·			
e	2 a				}			
اه کّ	b							
Program Service Revenue	С				}			
e am	d							
<u> </u>	е							
ᇫ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
1		other similar amounts)		>	86,339.	86,339.		
	4	Income from investment of ta	x-exempt bond p	proceeds				<u> </u>
ŀ	5	Royalties		> _				
			(i) Real	(II) Personal				
1	6 a	Gross rents						
	b	Less rental expenses						
İ	С	Rental income or (loss)						
	d	Net rental income or (loss)						<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(II) Other		1		
ĺ		assets other than inventory						
	b	Less cost or other basis			1	}		
İ		and sales expenses						ļ
I	С	Gain or (loss)				1		
ĺ	d	Net gain or (loss)						<u> </u>
ne ne	8 a	Gross income from fundraisin	g events (not					Ì
en.		including \$	of					
ě		contributions reported on line	1c) See					}
<u>a</u>		Part IV, line 18	а					
Other Reven	b	Less direct expenses	b					1
	С	Net income or (loss) from fund	draising events					
l	9 a	Gross income from gaming ad	ctivities See	1				1
		Part IV, line 19	а					-
l	b	Less direct expenses	b					
ŀ	C	Net income or (loss) from gam	ning activities					<u> </u>
İ	10 a	Gross sales of inventory, less	returns	}				
ļ		and allowances	а					
	b	Less cost of goods sold	b		ļ			
ļ	С	Net income or (loss) from sale	s of inventory					<u> </u>
L		Miscellaneous Revenu		Business Code				1
1	11 a	REALIZED GAIN (LOSS)	900099	107,926.	107,926.		
}	b							
ŀ	С							
J	d	All other revenue		L				
	е	Total. Add lines 11a-11d		>	107,926.		· · · · · · · · · · · · · · · · · · ·	
- 1	12	Total revenue. See instructions.		•	2,897,400.	194,265.	0	0.

ARK. EDUC. TELE. NETWORK Form 990 (2016) FOUNDATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon			<u>(0)</u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	ŀ			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	į			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	569,695.	155,326.	79,342.	335,027.
8	Pension plan accruals and contributions (include	303,033.	133,320 •	1213240	333,027.
3	section 401(k) and 403(b) employer contributions)	71,761.	21,746.	6,032.	43,983.
9	Other employee benefits	61,355.	15,443.	6,232.	39,680.
10	Payroll taxes	40,655.	10,720.	6,009.	23,926.
11	Fees for services (non-employees)	=0,033.	10,720 •	0,005.	23,720.
	Management	i I			
a		· · · · · · · · · · · · · · · · · · ·			
b	Legal Accounting	9,500.		9,500.	····
d	Lobbying	9,500.		9,300.	
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	138,237.	2,022.	3,122.	133,093.
12	Advertising and promotion	121,924.	121,478.	3,122.	446.
13	Office expenses	8,948.	417.	178.	8,353.
14	Information technology	42,406.		1,429.	40,977.
15	Royalties	12,100.		1,120,	20/3//1
16	Occupancy	55,759.	54,600.		1,159.
17	Travel	22,985.	126.	2,836.	20,023.
18	Payments of travel or entertainment expenses	22,3031	120.	2,030.	207.0231
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,097.			4,097.
23	Insurance	11,069.		10,211.	858.
23 24	Other expenses. Itemize expenses not covered			<u> </u>	
24	above (List miscellaneous expenses in line 24e. if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM ACQUISITION	577,925.	577,925.		
b	PREMIUMS	220,453.			220,453.
C	PRINTING	169,216.	64,161.		105,055.
d	EQUIPMENT RENTAL & MAIN	144,339.	134,000.		10,339.
	All other expenses	237,953.	30,364.	3,016.	204,573.
25	Total functional expenses. Add lines 1 through 24e	2,508,277.	1,188,328.	127,907.	1,192,042.
26	Joint costs. Complete this line only if the organization				
~.0	reported in column (B) joint costs from a combined	Ì]	Ì	
	educational campaign and fundraising solicitation.		ĺ		
	Check here Inf tollowing SOP 98-2 (ASC 958-720)		i	1	
	II IUIIOWING 30F 90-2 (A30 938-720)				Form 990 (2016)

Form 990 (2016)
Part X Balance Sheet

Ра		Check if Schedule O contains a response or note to any line in this Part X	<u></u>		
		a toppened of note to any mile in this Fatt A	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	368,199.	2	653,028
	3	Pledges and grants receivable, net	153,934.	3	125,627
	4	Accounts receivable, net	168,863.	4	118,831
	5	Loans and other receivables from current and former officers, directors,		}	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	1 1		
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng	Į	
		employers and sponsoring organizations of section 501(c)(9) voluntary		ĺ	
Assets	_	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	7.650	8	0.40
	9	Prepaid expenses and deferred charges	7,658.	9	248.
	10a	Land, buildings, and equipment cost or other			
	١.	basis Complete Part VI of Schedule D 10a 369, 612	2.		12 242
	1	Less accumulated depreciation 10b 356, 269	9. 11,242.	10c	13,343.
	11	Investments - publicly traded securities	2 046 145	11	4,008,136.
	12	Investments - other securities. See Part IV, line 11	3,846,145.	12	4,008,136.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	336,448.	14	760 005
	15	Other assets See Part IV, line 11	4,892,489.	15	768,085. 5,687,298.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	123,434.	16 17	159,071
	18	Grants payable	123,434.	18	139,071
	19	Deferred revenue	150,418.	19	98,563.
	20	Tax-exempt bond liabilities	130,410.	20	20,303.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
G	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons		- (
ig	ĺ	Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of		Ì	
]	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	273,852.	26	257,634.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	ı		
S	1	complete lines 27 through 29, and lines 33 and 34.		}	
Š	27	Unrestricted net assets		27	2,087,983.
<u>ala</u>	28	Temporarily restricted net assets	449,644.	28	339,292.
<u> </u>	29	Permanently restricted net assets	2,629,590.	29	3,002,389.
Ē	l	Organizations that do not follow SFAS 117 (ASC 958), check here]	ļ	
þ	i	and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,618,637.	33	5,429,664.
	34	Total liabilities and net assets/fund balances	4,892,489.	34	5,687,298. Form 990 (2016

X

Form 990 (2016)

X

2c

За

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization ARK. EDUC. Employer identification number TELE. NETWORK FOUNDATION 71-0592505 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 |X| An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated, A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (a) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2016 FOUNDATION 71-05925 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

Se	ction A. Public Support	s listed below, plea	iso complete r art		· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
	Gifts, grants, contributions, and	(a) zoiz	(0) 2010	(6) 2014	(4) 2013	(6) 2010	(I) TOTAL			
•	membership fees received (Do not									
	include any "unusual grants ")	2342050.	2598869.	2427737.	2740005.	2702125	12011706			
_		4344030.	4336603.	2421131.	2/40005.	2/03133.	12811796.			
2	Tax revenues levied for the organ-									
	ization'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	0240050	050000	0.405505	0540005	0500405	10011505			
	Total. Add lines 1 through 3	2342050.	2598869.	2427737.	2740005.	2703135.	12811796.			
5	The portion of total contributions									
	by each person (other than a]		•			
	governmental unit or publicly									
	supported organization) included				į					
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						1			
	Public support. Subtract line 5 from line 4	<u> </u>					12811796.			
Sec	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	2342050.	<u>2598869.</u>	2427737.	2740005.	<u>2703135.</u>	12811796.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	49,325.	108,775.	228,708.	331,229.	194,265.	912,302.			
9	Net income from unrelated business									
	activities, whether or not the			i						
	business is regularly carried on						L			
10	Other income Do not include gain			_	İ					
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						13724098.			
12	Gross receipts from related activities,	etc (see instruction	ons)			12				
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)				
	organization, check this box and stor	here								
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2016 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	93.35 %			
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	94.35 %			
16a	33 1/3% support test - 2016. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this b	ox and			
	stop here. The organization qualifies						$\triangleright X$			
b	33 1/3% support test - 2015. If the				line 15 is 33 1/3%	or more', check t	his box			
_	and stop here. The organization qual						▶□			
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"					J	▶□			
ь	10% -facts-and-circumstances tes					I7a. and line 15 is	10% or			
i.										
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
10	Private foundation. If the organization						ns 声			
18	Private foundation. If the organization	in did not check a	50x 011 1110 10, 101	<u> </u>			or 990-F7) 2016			

Part III Support Schedule for O	rganizations	Described in	Section 500/a	1/2)	/1-059	2505 Pag
					No. 4 11 16 11	-1
(Complete only if you checked to			organization failed	to qualify under F	art if if the organi	zation fails to
qualify under the tests listed be ection A. Public Support	ow, please com	piete Part II)			-	
lendar year (or fiscal year beginning in)	(a) 2012	(h) 2012	(-) 0014	(-D 0015	(-) 0016	(O Total
Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
membership fees received. (Do not		la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	}			
include any "unusual grants ")					ľ	
2 Gross receipts from admissions,				 		
merchandise sold or services per-			Ï		Ì	
formed, or facilities furnished in		}				
any activity that is related to the						
organization's tax-exempt purpose		 		 		
Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
· -	· · · · · · · · · · · · · · · · · · ·	 		 		
Tax revenues levied for the organ-						
ization's benefit and either paid to					`	
or expended on its behalf		 				
The value of services or facilities						
furnished by a governmental unit to the organization without charge				1		
, , , , , , , , , , , , , , , , , , ,		 				
Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and						
3 received from disqualified persons					ĺ	
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						
c Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6)				 		
ection B. Total Support				<u> </u>	I	
endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Amounts from line 6						
a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources				Ĭ		
b Unrelated business taxable income						-
(less section 511 taxes) from businesses				ĺ		
acquired after June 30, 1975				<u> </u>		
c Add lines 10a and 10b						
Net income from unrelated business	- 					
activities not included in line 10b, whether or not the business is				1		
regularly carried on						
Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part VI)						
Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>	L	L
First five years. If the Form 990 is for the	he organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organız	ation,
check this box and stop here						▶[

Chock this box and stop here		
Section C. Computation of Public Support Percentage		
15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is mi	ore than 33 1/3%, and line 17	7 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			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			1
	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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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		ĺ
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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	Ì	<u>'</u>	1
	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	Ì	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	1	'	1
	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	ľ	,	
	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	- 1		ļ
	designated in the organization's organizing document?	5b		<u>L</u> _
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	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	ì)	
	Part VI.	6		L
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	İ		l
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ļ	Ļ
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u> </u>	<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1		1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations 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 in line 9a) hold a controlling interest in any entity in which			l
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			ł
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		 	1
	supporting organizations)? If "Yes," answer 10b below.	10a	\vdash	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	ı

determine whether the organization had excess business holdings)

<u>3a</u>

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

ARK. EDUC. TELE. NETWORK Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION

Sche	edule A (Form 990 or 990-EZ) 2016 FOUNDATION		•	71-0592505 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions, Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	_3		
_4	Add lines 1 through 3	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Ì		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4		ļ
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		ļ
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		 _
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		<u> </u>
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u></u>
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		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

ARK. EDUC. TELE. NETWORK

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION 71-0592505 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (iı) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7 b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

ARK. EDUC. TELE. NETWORK

Schedule A	(Form 990 or 990-EZ) 2016 FOUNDATION		71-0592505 Page 8
Part VI	Supplemental Information. Provide the expart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section D, lines 2 and 3, Part IV, Section D, lines 2 and 3, Part IV, Sec	9a, 9b, 9c, 11a, 11b, and 11c; Part IV ction E. lines 1c. 2a. 2b. 3a. and 3b. F	, Part II, line 17a or 17b; Part III, line 12, ', Section B, lines 1 and 2; Part IV, Section C, 'art V, line 1, Part V, Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Part V, Section E, (See instructions)	lines 2, 5, and 6 Also complete this p	part for any additional information.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2016 Open to Public Inspection

OMB No 1545-0047

ARK. EDUC. TELE. NETWORK Name of the organization

Employer identification number

Schedule D (Form 990) 2016

Pai	t L Organizations Maintaining Denor Advise	d Francis on Other Circilon Francis	71-0592505
Га			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
	_ ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	
	are the organization's property, subject to the organization's	J	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	F 7:: :-
	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 str	• •	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structui	
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservati	on easements during the year
_	> \$	470/	A/4//D/A
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	i)(4)(β)(i) Yes □ No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes to	le organization's accounting for
Par	t III Organizations Maintaining Collections of	f Art Historical Treasures or Ot	her Similar Assets
, a	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
ıa	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		oc of public service, provide, in the arrain,
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed		
		ducation, or research in further and or publi	ile service, provide the renewing amount
	relating to these items:		> \$
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
•	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations	actives or other similar assets for financial	
2	the following amounts required to be reported under SFAS 1		ga, p. 01.00
_		to page 300) relating to these items	> \$
a	Revenue included on Form 990, Part VIII, line 1		\$

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

ARK. EDUC. TELE. NETWORK

	dule D (Form 990) 2016 FOUNDAT						<u>71-05</u>			ge 2
Par	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, o	r Othe	r Simil	ar Asse	ts (continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that	are a sig	ınıficant	use of its	collection	items	;
	(check all that apply)									
а	Public exhibition	d	Loan or ex	change prograr	ns					
b	Scholarly research	е	Other							
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	n's exem	pt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or othe	r sımılar a	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "\	es" on F	orm 996	0, Part IV,	lıne 9, or		
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other ass	ets not II	ncluded		_		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					_1e				
f	Ending balance					_1f	<u></u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial accou	ınt liabilit	yγ		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on f	orm 990, Part I	V, line 10)				
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three	years back	(e) Four y	<u>/ears b</u>	ack
1a	Beginning of year balance	2,629,590.	2,125,167	1,834	,851.	1,7	706,920.	1,0	693,	<u> 346.</u>
b	Contributions	61,160.	180,384	. 68	035.		24,286.		7,9	95.
С	Net investment earnings, gains, and losses	232,335,	324,039	. 222	,281.	1	03,645.		5 .	<u>379.</u>
d	Grants or scholarships									
е	Other expenditures for facilities	ĺ								
	and programs	45,904.								
f	Administrative expenses		<u></u>							
g	End of year balance	2,877,181.	2,629,590	2,125	167.	1,8	34,851.	1,	706,9	20.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as.						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administere	ed for the	organi	zation			
	by								res	No_
	(i) unrelated organizations							3a(i)		<u>X</u>
	(ii) related organizations							3a(ii)		<u>X</u>
þ	If "Yes" on line 3a(ii), are the related organiza	•		?				3b		
4	Describe in Part XIII the intended uses of the		wment funds							
Par	t VI Land, Buildings, and Equipm		. D. 1871 - 44-	0 5 000	D-4 V 1	10				
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·			_		40001		
	Description of property	(a) Cost or o	1 ' '	st or other		cumulate	I	(d) Book	value	
		basis (investri	Dasis	(other)	Gepr	eciation				—
	Land	<u> </u>					-+			
	Buildings									—
	Leasehold improvements			60 612	2	56,2	60	12	, 34	3
	Equipment		3	69,612.	3	<u>۵,0,</u>	03.1	12	, 54	<u>; J •</u>
	Other Add lines 1a through 1e (Column (d) must e	gual Form 000 Port	V column (P) line	100)		_		13	, 34	3

Schedule D (Form 990) 2016

	ule D (Form 990) 2016 FOUNDATION			71-0592505 Page 3
гаπ	VIII Investments - Other Securities.			
(a) Do	Complete if the organization answered "Yes" scription of security or category (including name of security)			
		(b) Book value	(c) Method of valuation Cost or o	end-of-year market value
	ancial derivatives			
(2) Clo: (3) Oth	sely-held equity interests			
	INVESTMENTS	1,130,955.	COST	
	ENDOWMENT FUNDS	2,877,181.	COST	
(C)	ENDOMEDIA I ONDO	2,011,101.	COST	
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,008,136.		
Part '	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)				
(2)_			<u>-</u>	
(3)				
(4)			··	
(5)				
(6)				
(7)				
(8)				
(9)	15 000 B (D)			
Part	Col (b) must equal Form 990, Part X, col. (B) line 13)	<u></u> ,		
rait	Complete if the organization answered "Yes"	on Farm 000 Dart IV Iva - 4	11d C F 000 Bart V has 15	
		Description	Tid See Form 990, Part X, line 15	(b) Book value
(1)	INVESTMENTS	Boomption		768,085.
(2)	INVESTMENTS			700,003.
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6)				
(4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, col. (B) line	e 15)		768,085.
(4) (5) (6) (7) (8) (9)		e 15)		768,085.
(4) (5) (6) (7) (8) (9)	X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((X Other Liabilities.	on Form 990, Part IV, line 1	11e or 11f See Form 990, Part X, line b) Book value	
(4) (5) (6) (7) (8) (9) Total. ((Part)	X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((Part)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((Part)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. (0 Part 2)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((Part) 1. (1) (2) (3) (4) (5)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((Part) 1. (1) (2) (3) (4) (5) (6)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((Part) (1) (2) (3) (4) (5) (6) (7)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((Part) 1. (1) (2) (3) (4) (5) (6) (7) (8)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		
(4) (5) (6) (7) (8) (9) Total. ((Part 2) (3) (4) (5) (6) (7) (8) (9)	X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1		768,085.

Schedule D (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Open To Public Inspection

ARK. EDUC. TELE. NETWORK FOUNDATION

Employer identification number 71-0592505

Part I Types of Property (a) (b) (c) (d) Check if Number of Method of determining Noncash contribution applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities · Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate · Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 88,978.MARKET VALUE (ADVERTISING 0 Other X 25 0 3,335.MARKET VALUE FOOD & OTHER X Other 26 27 Other 28 Other > Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

ARK. EDUC. TELE. NETWORK

Schedule M	(Form 990) (2016) FOUNDATION	71-0592505	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 30 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information.	2b, and 33, and whether the organizat	ion
	and part for any additional information.		
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

U16 Open to Public Inspection

OMB No 1545-0047

Name of the organization

ARK. EDUC. TELE. NETWORK

Employer identification number

Schedule O (Form 990 or 990-EZ) (2016)

FOUNDATION	171-0592505
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
PROJECTS AS WELL.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED FOR ACCURACY AND COMPLETNESS BE	FORE SIGNING BY
MANAGEMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DISCLOSURE IS REQUIRED ANNUALLY DURING PERFORMANCE EVALUA	ATIONS AND BOARD
MEETINGS WITH MONITORING OCCURRING THROUGHOUT THE YEAR.	
	, , , , , , , , , , , , , , , , , , ,
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION AND BENEFITS EMULATE THOSE OF THE ARKANSAS	EDUCATIONAL
TELEVISION COMMISSION STATE EMPLOYEE PAY PLAN AND ARE APP	PROVED BY THE BOARD
DURING THE BUDGETARY PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE PROVIDED UPON REQUESTS MADE TO THE ADMINIST	TRATIVE OFFICES.
FORM 990, PART XI, LINE 2C	
THE BOARD OF DIRECTORS SELECTS THE AUDITOR EACH YEAR. T	HIS PROCESS HAS
NOT CHANGED FROM PRIOR YEARS.	
FORM 990, PART IX, LINE 11G	
THE TOTAL ON THE 990, PART IX, LINE 11G IS IN THE AMOUNT	OF \$138,237.

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

Name of the organization ARK. EDUC. TELE. NETWORK Employer identification number FOUNDATION 71-0592505 THIS INCLUDES THE PROFESSIONAL FEES EXPENSE FOR PROGRAMS OF \$84, FOR PROMOTIONS OF \$1,938, FOR FUDRAISING OF \$133,093, AND FOR MANAGEMENT \$3,122. THE MANAGEMENT TOTAL IS NET OF THE ACCOUNTING EXPENSE; 12,622 TOTAL MANAGEMENT PROFESSIONAL FEES - 9,500 ACCOUNTING FEES (LINE 11C) = 3,122. FORM 990, PART IX, LINE 24E THE TOTAL ON THE 990, PART IX, LINE 24E IS IN THE AMOUNT OF \$237,953. THIS INCLUDES A PROGRAM EXPENSE OF \$30,364, A MANAGEMENT EXPENSE OF \$3,016, AND A FUNDRAISING EXPENSE OF \$204,573. THE PROGRAM EXPENSE INCLUDES \$25,787 FROM PROMITIONS FOR POSTAGE, \$309 FROM PROGRAMS FOR SUBSCRIPTIONS, \$903 FROM PROGRAMS FOR FOOD AND CATERING, \$30 FROM PROGRAMS FOR OTHER EXPENSES, AND \$3,335 FROM PROMOTIONS FOR IN-KIND LABOR. THE MANAGEMENT EXPENSE OF \$3,016 INCLUDUES \$671 FOR POSTAGE, \$1,287 FOR TELECOMMUNICATIONS, \$8 FOR FREIGHT, \$333 FOR ASSOCIATION DUES/FEES, AND \$717 FOR FOOD/CATERING. THE FUNDRAISING EXPENSE OF \$204,573 INCLUDES \$76,941 FOR POSTAGE, \$50,668 FOR TELECOMMUNICATIONS, \$314 FOR FREIGHT, \$1,035 FOR ASSOCIATION DUES/FEES, \$654 FOR SUBSCRIPTIONS, \$8,550 FOR______ FOOD/CATERING, AND \$66,411 FOR OTHER EXPENSES.

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Employer identification number ٤ Open to Public Inspection. OMB No 1545-0047 × 2016 controlled entity? Direct controlling Yes 71-0592505 entity 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 Direct controlling entity End-of-year assets N/A **e** status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code ਉ section Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. ARKANSAS EDUCATIONAL TELEVISION Primary activity Primary activity ARK. EDUC. TELE. NETWORK For Paperwork Reduction Act Notice, see the Instructions for Form 990. ARKANSAS EDUCATIONAL TELEVISION COMMISSION 71-0847443, 350 S, DONAGHEY, CONWAY, AR FOUNDATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part II 72034

C. TELE. NETWORK

ARK, EDUC, Schedule R (Form 990) 2016 FOUNDATION

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 Part III

Page 2

71-0592505

Schedule R (Form 990) 2016 General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No 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 Percentage ownership Yes No Ξ Code V-UBI amount in box no 20 of Schedule Strict (Form 1065) y Share of end-of-year assets <u>6</u> Disproportionate Yes No aliocations? Ξ Share of total income ε Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
(Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) 35 <u>છ</u> Direct controlling entity ਉ Primary activity <u>@</u> (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> <u>a</u> 632162 09-06-16 Part IV

71-0592505 Page 3

Schedule R (Form 990) 2016 FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ν̈́
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	lated organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				16		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				ţ.		×
K Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)	nzation(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	ıızation(s)			1m		×
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			£		×
 Sharing of paid employees with related organization(s) 				t		×
					;	
				۽ ۾	4	>
q neimbursement paid by related organization(s) for expenses				9		4
r Other transfer of cash or property to related organization(s)				+	×	
s Other transfer of cash or property from related organization(s)				15		×
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	no must complete the	is line, including covered re	slationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) ARKANSAS EDUCATIONAL TELEVISION COMMISSION	X	54,600.				
(2) ARKANSAS EDUCATIONAL TELEVISION COMMISSION	IJ	134,000.				
(3) ARKANSAS EDUCATIONAL TELEVISION COMMISSION	Д	91,525.			}	
(4) ARKANSAS EDUCATIONAL TELEVISION COMMISSION	¤	486,400.				
(5)						
(9)						
632163 09-08-16	. 36		Schedule R (Form 990) 2016	R (Forn) 990)	2016

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ARK. EDUC. TELE. NETWORK FOUNDATION

Schedule R (Form 990) 2016 FOUNDATION

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 reparding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	tructions regarding exclus	sion for certain inve	estment partnerships						
(a)	(q)	(0)	(d)		(6)	Ξ	©	9	ક્ર
Name, address, and EIN of entity	Primary activity	(state or foreign	Predominant income partners sec (related, unrelated, 501(c)(3) excluded from tax under ons		Share of end-of-year	Dispropor- tionate allocations?	Ospropor- London amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
			Sections 512-514) Yes No		dssells	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2016

| Schedule R (Form 990) 2016 | FOUNI | Part VII | Supplemental Information. 71-0592505 Page 5 FOUNDATION Provide additional information for responses to questions on Schedule R. See instructions.

ARK. EDUC. TELE. NETWORK

Schedule R (Form 990) 2016