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$_{\text{Form}}\,990$

Department of the Treasury Internal Revenue Service

132001 01-23-12

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2011 Open to Public

Open to Public Inspection

For the 2011 calendar year, or tax year beginning APR 1, 2011 and ending MAR 31, D Employer identification number C Name of organization Check if spoticable PORTLAND REGIONAL EDUCATIONAL Addres TELECOMMUNICATIONS CORPORATION Name change 84-1360071 Doma Business As]initaal Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number Terms P.O. BOX 6060 3035322852 Arren City or town, state or country, and ZIP + 4 G Gross recepts \$ 1,689,161. Applica-bon pending BOULDER, CO 80306-6060 H(a) is this a group return F Name and address of principal officer: JOHN SCHWARTZ ∃Yes 🗶 No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No. Tax-exempt status: 501(c)(3) X 501(c) () ◀ (insert no.) L __ 4947(a)(1) or l If "No," attach a list, (see instructions) J Website: ► WWW.PRETC.ORG H(c) Group exemption number Association Other K Form of organization: X Corporation Trust L. Year of formation: 1983 M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, tine 1b) Activities & 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 ō Total number of volunteers (estimate if necessary) 6 <2,285.> 7 a Total unrelated business revenue from Part VIII, column (C), line 12 <4,779.> b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 0. Contributions and grants (Part VIII, line 1h) Revenue 28,462. <u> 19,370.</u> Program service revenue (Part VIII, line 2g) 70,112. 146,418. Investment income (Part VIII, column (A), tines 3, 4, and 7d) 426,061. 312,478. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 524,635. 478,266. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 115,771. 81,180. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) 135,042. 1**4**5,899. 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. n. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), tine 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 191,748. 189,549. 442,561. 416,628. 82,074. 61,638. Revenue less expenses. Subtract line 18 from line 12 8 **Beginning of Current Year End of Year** 3,355,595. 3,232,664. 20 Total assets (Part X, line 16) 38,448. 64,229. 21 Total liabilities (Part X, line 26) -3,/317,147. 3,168,435. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. OGDEN, Sign ADAM MILLER, SECRETARY Here Type or print name and title Date Print/Type preparer's name P00573067 Paid RICHARD SCORESBY, firm's name CBIZ MHM, LLC 34-1854260 Preparer Firm's EIN Form's address ▶ 8181 E TUFTS AVENUE SUITE 600 DENVER, CO 80237 720.200.7000 Phone no. X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

V

Form 990 (2011)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$ <33,402.⟩

4e Total program service expenses ≥ 234,154.

132002 02-09-12 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 | ļ | X |
| 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 | | <u>X</u> _ |
| 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 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 88 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a 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 | | X |
| 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 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | |
| 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 | ļ | X |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | l | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | X | |
| d | | | | ., |
| | 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 | | | ., |
| | Schedule D, Parts XI, XII, and XIII | 12a | ļ | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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 | | |
| 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 | ١ | | _v |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | - | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | İ | l v |
| 40 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | _ ا | | l 🗸 |
| 4.7 | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | _ | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 4.0 | | X |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 4. | | v |
| 00- | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | <u> </u> | |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Form | aan / | 2011) |
| | | COLUM | っつひし | /UIII |

Part IV Checklist of Required Schedules (continued)

| | | T | Yes | No |
|----------|--|-------------|-------|-------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | <u></u> | | |
| | 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 employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 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 through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | Х |
| 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) and 501(c)(4) 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 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | ļ | 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 | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | l " | |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X | X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 30 | - | A |
| 31 | 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 | 3, | | |
| - | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| | 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, Parts II, III, IV, and V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | 1 | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Form | 990 (| 2011) |

| orm | m 990 (2011) TELECOMMUNICATIONS CORPORATION 84- | -1360071 | P | age 5 |
|-----|--|-----------------------------|-----|----------|
| | art V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | |
| | 1 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 7 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | | |
| c | But the state of t | | | |
| _ | (gambling) winnings to prize winners? | 1c | | |
| 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 | 0 | | |
| b | o If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3ь | Х | |
| | 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 | | Х |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | | 5b | | Х |
| С | W. W. L. L. G. G. L. L. L. C. E. G. G. C. | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so | olicit | | |
| | any contributions that were not tax deductible? | 6a | | Х |
| 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). | | | |
| 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 | ne payor? 7a | | |
| b | o If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | , | |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ļ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi | ıred [?] 7g | | |
| h | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1 | 098-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the | year? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | : | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | ļ |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | 1 |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | : | ŧ |
| | | | : | |
| þ | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | † |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | ļ |
| _ | o If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | ,,,,,, | | | <u> </u> |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | <u> </u> |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | | |
| | Enter the amount of reserves on hand | | | v |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |

Form **990** (2011)

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6

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 to any question in this Part VI | | | X | | | | | | |
|----------|---|---------|--|----|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 5 | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | 1 | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | 1 | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 4 | | | | | | | | | |
| 2 | 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 | | Х | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | | |
| 7a | 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 | Х | | | | | | | |
| 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 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | | | |
| а | The governing body? | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8ь | | X | | | | | | |
| 9 | 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 in Schedule O | 9 | | Х | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х | | | | | | |
| b | 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 | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | | | | | | | |
| b | Describe in 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 | X | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | |
| | in Schedule O how this was done | 12c | Х | 17 | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х | | | | | | |
| 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? | | v | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | | |
| D | Other officers or key employees of the organization | 15b | Λ | | | | | | | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | 1 | | | | | | | |
| ioa | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 40 | х | | | | | | | |
| | taxable entity during the year? | 16a | | | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | 1 | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 46L | 1 | X | | | | | | |
| 200 | exempt status with respect to such arrangements? tion C. Disclosure | 16b | l | | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | طمانون | ــــــــــــــــــــــــــــــــــــــ | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | valiab | i c | | | | | | | |
| | Own website Another's website X Upon request | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | d finan | cial | | | | | | | |
| . 3 | statements available to the public during the tax year. | ıllidfi | udi | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | ion: | | | | | | | | |
| | HAZEL J. BOLSOVER - 303-532-2852 | .011. | | •• | | | | | | |
| | 655 SOUTH SUNSET STREET, SUITE A, LONGMONT, CO 80501 | | | | | | | | | |
| 32006 | | | | | | | | | | |

132006 01-23-12

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

Check if Schedule O contains a response to any question 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) Name and Title | (B) Average hours per | box | not c | Pos heck ss pe | more rson | than | h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|-----------------------------|---|------------------|---------------------|----------------------|--------------|--------------------------------|------|--|--|--|
| | week (describe hours for related organizations in Schedule O) | stee or director | lnsttutonal trustee | Officer | | Highest compensated complexity | ĺ | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) ALICE ELLIS GAUT | 0.00 | | | | | | | | | |
| EXECUTIVE V.P. / DIRECTOR | 0.00 | Х | ⊢ | X | | ├ | | 0. | 0. | 0 |
| (2) JOHN SCHWARTZ | 4.50 | v | | х | | | | 11 440 | 0. | 2 265 |
| DIRECTOR & PRESIDENT | 4.50 | ₽ | | ^ | ┢ | ┢ | | 11,448. | 0. | 3,265 |
| (3) THOMAS HARTMANN | 2.00 | Х | İ | | | | | 0. | 0. | 0. |
| DIRECTOR (4) HOWARD SHAPIRO | 2.00 | Λ | \vdash | \vdash | | \vdash | | | 0. | |
| DIRECTOR | 5.00 | Х | | | | | | 3,306. | 0. | 0. |
| (5) CARL WOLFSON | | | \vdash | \vdash | - | \vdash | | 3,555 | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (6) ADAM MILLER | | | \vdash | | | | 1 | | | |
| SECRETARY | 4.80 | | ŀ | Х | | | | 10,407. | 0. | 1,837 |
| (7) PATRICIA DWYER | | | | | | | | | | |
| CFO | 6.50 | | | Х | | | | 8,845. | 0. | 1,548. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | - | | | | |
| | | | | | | | | | | |
| | | | _ | | | | | | | |
| - | | <u> </u> | | | | | | <u></u> | | Form 900 (2011) |

Form **990** (2011)

TELECOMMUNICATIONS CORPORATION 84-1360071 Page 8 Form 990 (2011) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (describe ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustae (W-2/1099-MISC) organization organizations and related ın Schedule organizations O) 34,006.n 6,650 1b Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 34,006. 6,650 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than 0

\$100,000 of compensation from the organization

Page 9

PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

| Pa | rt VI | Statement of Rever | nue | _ | | - | | |
|--|-----------------------|---|---|------------------------------------|--|--|---|---|
| | | • | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Government grants (contribut All other contributions, gifts, gran similar amounts not included abo | ts, and ve 1f | | | | | |
| Program Service Revenue | b | | | Business Code 900099 | 19,370. | 19,370. | | |
| Progra Re | d e f | | | • | 19,370. | | | |
| | 3 4 5 | Investment income (including other similar amounts) Income from investment of tal Royalties | | > | 47,250. 349,791. | | | 47,250. 349,791. |
| | 6 a b c | Gross rents Less: rental expenses | (i) Real | (ii) Personal | · | | | |
| | 7 a | Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses | (i) Securities 1,298,848. 1,199,680. | (ii) Other | | | | |
| Other Revenue | d | Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line | of | > | 99,168. | | | 99,168. |
| Other R | С | Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 | a b draising events ctivities. See | • | | | | # # # # # # # # # # # # # # # # # # # |
| | c 10 a | Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold | | 9,589. 11,215. | | | | ###################################### |
| - | | Net income or (loss) from sale Miscellaneous Revenu | es of inventory | Business Code 561000 512100 517919 | <1,626. <1,019. <1,266. <33,402 | > | <1,019. <1,266. | |
| 13200 01-23- | c d e 12 | | | 51/919 | <35,687. 478,266. | > | | >496,209. Form 990 (2011) |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do no | Check if Schedule O contains a responsor include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|-------|--|------------------|--------------------------|---------------------------------|----------------------|
| 7b, 8 | Bb. 9b, and 10b of Part VIII | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| | Grants and other assistance to governments and | 01 100 | 01 100 | | |
| | organizations in the United States See Part IV, line 21 | 81,180. | 81,180. | | |
| | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | · |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | 45 201 | | 45 201 | |
| | trustees, and key employees | 45,291. | · · - | 45,291. | |
| | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 83,458. | 54,574. | 28,884. | |
| | Other salaries and wages | 03,430. | 34,3/4. | 20,004. | |
| | Pension plan accruals and contributions (include | 4,451. | | 4,451. | |
| | section 401(k) and section 403(b) employer contributions) | 4,431. | | 4,431. | |
| | Other employee benefits | 7,859. | | 7,859. | |
| | Payroll taxes | 7,039. | | 1,033. | |
| | Fees for services (non-employees). | | | | |
| | Management | 4,958. | 2,063. | 2,895. | |
| | Legal | 2,500. | 2,003. | 2,500. | |
| | Accounting | 2,300. | | 2,300. | |
| | Lobbying | | | | |
| | Professional fundraising services See Part IV, line 17 | 11,419. | | 11,419. | |
| | Investment management fees | 41,966. | 35,703. | 6,263. | |
| • | Other | 7,605. | 7,605. | 0,203. | |
| | Advertising and promotion | 23,973. | 5,537. | 18,436. | |
| | Office expenses | 4,797. | 4,697. | 100. | |
| | Information technology | 18,200. | 4,097. | 18,200. | |
| | Royalties | 8,558. | | 8,558. | |
| | Occupancy | 18,339. | 9,212. | 9,127. | |
| | Travel | 10,339. | 9,212. | 9,127. | |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 2,628. | 2,200. | 428. | |
| | Conferences, conventions, and meetings | 2,020. | 2,200. | 420. | |
| • | Interest | | | | |
| | Payments to affiliates | 9,044. | | 9,044. | |
| | Depreciation, depletion, and amortization | 2,606. | | 2,606. | |
| | Insurance | 2,000. | | 2,000. | |
| | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line | | | | |
| 2 | 24e amount exceeds 10% of line 25, column (A) | | | | |
| | mount, list line 24e expenses on Schedule 0) TOWER RENT | 13,844. | 13,844. | | |
| _ | PROGRAM LICENSE | | | | |
| | RESEARCH & DEVELOPMENT | 7,211. 5,796. | 7,211. 5,471. | 325. | · · · · <u>-</u> |
| _ | EQUIPMENT | 3,269. | 3,471. | 142. | |
| - | ·- · · · · · · · · · · · · · · · · · · | 2,836. | 1,730. | 1,106. | |
| | All other expenses | 416,628. | 234,154. | | |
| | Total functional expenses. Add lines 1 through 24e | 410,020. | 234,134. | 182,474. | |
| | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | į | | |
| | educational campaign and fundraising solicitation | | | | |
| C | Check here I if following SOP 98-2 (ASC 958-720) | | | | Form 990 (201 |

| Pa | rt X | Balance Sheet | | | | |
|-----------------------------|------|---|--------------------------|--|------------|---------------------------|
| | • | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | _ | 68,992. | 1 | 79,262. 388,783. |
| | 2 | Savings and temporary cash investments | | 827,070. | 2 | 388,783. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 63. | 4 | 5,475. |
| | 5 | Receivables from current and former officers, director | | | | |
| | | employees, and highest compensated employees. C | į. | | | |
| | | of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defin | ed under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(E |), and contributing | | | |
| | | employers and sponsoring organizations of section 5 | i01(c)(9) voluntary | | | |
| , 0 | | employees' beneficiary organizations (see instruction | s) | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | _ _ _ | 7 | |
| Ass | 8 | Inventories for sale or use | | | 8 | 3,910. 9,401. |
| - | 9 | Prepaid expenses and deferred charges | | 1,442. | 9 | 9,401. |
| | 10a | Land, buildings, and equipment cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 96,781. 91,210. | | | |
| | b | Less: accumulated depreciation 10 | 91,210. | 14,615. | 10c | 5,571. |
| | 11 | Investments - publicly traded securities | | 14,615. 1,890,567. | 11 | 5,571. 2,192,820. |
| | 12 | Investments - other securities. See Part IV, line 11 | [| | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 552,846. | 13 | 547,442. |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | e 34) | 3,355,595. | 16 | 3,232,664. 25,200. |
| | 17 | Accounts payable and accrued expenses | 35,618. | 17 | 25,200. | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 2,830. | 19 | 39,029. |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part | V of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, tru | ıstees, key employees, | | : | |
| iab | | highest compensated employees, and disqualified pe | ersons. Complete Part II | | | |
| _ | | of Schedule L | ļ | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated | third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated thir | d parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable | | | | |
| | | parties, and other liabilities not included on lines 17-2 | 24). Complete Part X of | | | |
| | | Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 38,448. | 26 | 64,229. |
| | | Organizations that follow SFAS 117, check here | ➤ X and complete | | | |
| Ses | | lines 27 through 29, and lines 33 and 34. | | 0 015 145 | | 2 160 425 |
| auc | 27 | Unrestricted net assets | 3,317,147. | 27 | 3,168,435. | |
| Bal | 28 | Temporarily restricted net assets | ļ | | 28 | |
| Ē | 29 | Permanently restricted net assets | here ▶ ☐ and | | 29 | |
| Ē | | Organizations that do not follow SFAS 117, check | | | | |
| S O | | complete lines 30 through 34. | | | 1 | |
| set | 30 | Capital stock or trust principal, or current funds | <u></u> . | 30 | | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipm | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income | e, or other funds | 2 217 147 | 32 | 2 160 425 |
| _ | 33 | Total net assets or fund balances | | 3,317,147. | 33 | 3,168,435. |
| | 34 | Total liabilities and net assets/fund balances | | 3,355,595. | 34 | 3,232,664. |

Form **990** (2011)

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

| | PORTLAND REGIONAL EDUCATIONAL | | | | |
|------|---|---------|----------|---|--------------|
| Form | 1990 (2011) TELECOMMUNICATIONS CORPORATION | 84- | -1360071 | Pa | ge 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | X 78,266 16,628 61,638 17,147 10,350 68,435 Yes No | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 3,16 | 8 <u>,4</u> | 35. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | + |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e audit | , | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule C |). | | İ |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | | | 1 |
| | separate basis, consolidated basis, or both: | | | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | ‡ |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii | ngle Au | dıt | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired au | dıt | | |
| | | | | | |

(Form 990)

Department, of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORDORATION **Employer identification number** 84-1360071

| Pa | Organizations Maintaining Donor Advise | | Is or Accounts. Complete if the |
|---------|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, line | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate 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 adv | rised 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 a | dvisors in writing that grant funds can b | e used only |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpos | e conferring |
| | impermissible private benefit? | | Yes No |
| Pa | t II Conservation Easements. Complete if the org | ganization answered "Yes" to Form 990, | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or e | education) Preservation of an h | istorically important land area |
| | Protection of natural habitat | Preservation of a ce | rtified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the forr | n of a conservation 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 str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic struc | oture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re- | leased, extinguished, or terminated by t | he organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | | - f |
| | violations, and enforcement of the conservation easements i | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | and enforcing conservation easements | during the year ► |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requirements of section 17 | 'O(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservati | on easements in its revenue and expen- | se statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization | tion's financial statements that describe | s the organization's accounting for |
| | conservation easements. | | |
| Pai | t III Organizations Maintaining Collections o | f Art, Historical Treasures, or | Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue state | ement and balance sheet works of art, |
| | historical treasures, or other similar assets held for public ext | nibition, education, or research in further | rance of public service, provide, in Part XIV, |
| | the text of the footnote to its financial statements that descri | bes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue stateme | nt and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | | |
| | relating to these items: | • | ., |
| | (i) Revenues included in 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 tre | asures, or other similar assets for finance | |
| _ | the following amounts required to be reported under SFAS 1 | | 3, p |
| а | Revenues included in Form 990, Part VIII, line 1 | to the control of the | ▶ \$ |
| b | Assets included in Form 990, Part X | | ► \$ ► \$ |
| U | Assets included in Form 330, Fall A | | Ψ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

| Par | | MUNICATION | | | | O4l- | Ci- | _ | | Page Z |
|---------|--|------------------------|------------|-----------------|----------------------|-----------|----------|--------------|---------------|--------------|
| | | | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | is, checi | k any of the | following that | t are a s | ignifica | ant use of | its collectio | n items |
| | (check all that apply): | | | | _ | | | | | |
| a | Public exhibition | d | | | hange progra | ıms | | | | |
| ь | Scholarly research | е | | Other | | | | | _ | |
| C | Preservation for future generations | | | , | | | | | 2-4 2017 | |
| 4 | Provide a description of the organization's co | • | | - | _ | | | • | art XIV. | |
| 5 | During the year, did the organization solicit o | | | | | er sımıla | r asset | S | | |
| Da | to be sold to raise funds rather than to be maintained as part of the organization's collection? Lyes No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or | | | | | | | | | |
| | t IV Escrow and Custodial Arran reported an amount on Form 990, Par | | ete ir the | organizatio | n answered | res to | FOIIII | 990, Part 1 | v, line 9, or | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for | contribution | s or other as | sets not | Includ | led | | |
| | on Form 990, Part X? | | | | | - | | | Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the to | llowing | table: | | | | | A | |
| | | | | | | | - | | Amoun | τ |
| C. | Beginning balance | | | | | | 1 | | | |
| a | Additions during the year | | | | | | | <u>d</u> | | <u> </u> |
| e | Distributions during the year | | | | | | | e | | |
| f On | Ending balance | 000 Dark V Iva- | 010 | | | | | f | Yes | No |
| | Did the organization include an amount on Formal If "Yes," explain the arrangement in Part XIV. | | 217 | | | - | | | res | NO |
| Pai | | | ewered | "Yes" to Fo | rm 000 Part | IV line 1 | 10 | | | |
| E I C | Endowment Funds. Complete | (a) Current year | | rior year | (c) Two year | | | ree years ba | ck (a) Fou | r years back |
| 4.0 | Paginging of year balance | (a) Current year | (B) P | nor year | (C) TWO year | S Dack | (0) 1111 | ee years ba | ck (e) rou | i years back |
| 1a | Beginning of year balance Contributions | | | | | | | | | |
| b | Net investment earnings, gains, and losses | | | <u> </u> | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | - | | | | | | | |
| · | and programs | | | | | | | | | |
| • | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balanc | e (line 1 | a column (s |)) held as: | | | | | |
| _ a | Board designated or quasi-endowment | rem year end balanc | % | 9, 001411111 (0 | 2)) Held d 3. | | | | | |
| b | Permanent endowment | % | _′° | | | | | | | |
| - | Temporarily restricted endowment | ^ % | | | | | | | | |
| • | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | | |
| За | Are there endowment funds not in the posse | • | ation tha | at are held a | nd administe | red for t | he ora | anization | | |
| - | by: | oolon or the organiz | | at 010 11010 0 | | | | arnization. | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | 7,52 |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| ь | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Sche | dule R? | | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | • | | | | | | | | |
| Par | *** · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | Description of property | (a) Cost or o | | | or other | (c) A | ccumu | lated | (d) Boo | k value |
| | | basis (investr | | | (other) | | preciat | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | ľ | | | | | |
| С | Leasehold improvements | | | | | | • | | | - |
| d | Equipment | | | 9 | 6,781. | | 91, | 210. | | 5,571. |
| е | Other | | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part | X, colur | nn (B), line 1 | 10(c).) | | | | | 5,571. |
| | | | | | | | | | | |

| Part VII Investments - | Other Securities | S. See Form 990. F | Part X. line 12. | |
|----------------------------|------------------|--------------------|------------------|-----|
| Schedule D (Form 990) 2011 | | | CORPORAT | 101 |
| | PORTLAND | KEGIONAL | FDOCATION | Ή |

| Latt And Hisesuments - Other Securities: Sec | FORTH 990, Part A, line 12. | | | |
|---|--------------------------------------|--|--|-------------------------|
| (a) Description of security or category . (including name of security) | (b) Book value | | (c) Method of valua Cost or end-of-year mar | |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | <u> </u> |
| (E) | | | | |
| <u>(F)</u> | | | | |
| (G) | | | | |
| (H) | | | | |
| () | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► | | | | |
| Part VIII Investments - Program Related. Se | e Form 990, Part X, line 13 | 3. | | |
| (a) Description of investment type | (b) Book value | | (c) Method of valua Cost or end-of-year mar | |
| (1) INDEPENDENT SPECTRUM, LLC | 422,495. | COST | | |
| (2) EBS SUPPORT SERVICES, LLC | 60,677. | COST | | |
| (3) FREE SPEECH MEDIA, LLC | 56,723. | COST | <u></u> _ | |
| (4) PUBLIC TV LLC | 7,547. | COST | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | · · · · · · · · · · · · · · · · · · · | |
| (9) | | | | |
| (10) | 547 442 | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line | 547,442. | | | |
| | Description | | | (b) Book value |
| | Description | | | (b) Book vade |
| (1) | | | | |
| (2) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | - | | · | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 15.) | | > | • |
| Part X Other Liabilities. See Form 990, Part X, | ine 25. | | | |
| 1. (a) Description of liability | (1 | b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | 05) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 1. FIN 48 (ASC 740) | the organization's financial stateme | nts that reports the | organization's liability for uncerta | in tax positions under |
| 132053 01-23-12 | | | | edule D (Form 990) 2011 |

Schedule D (Form 990) 2011

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2011 Open to Public

Employer identification number 2 84-1360071 Inspection (h) Purpose of grant or assistance X Yes VOTER EDUCATION Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any EDUCATION LITERACY MEDIA recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government assistance assistance (d) Method of (g) Description of (g) Description of (h) Method of (g) Description of (h) Method of (g) Description of (h) Method of (g) Description of (h) Method of (g) Description of (h) Method of (g) Description of (h) Method of (g) Description of (h) Method of (h) Method of (g) Description of (h) Method of (h) Description of (h) Method of (h) Description of (h) Method of (h) Description of (h) Method of (h) Description Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 。 ö 。 。 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 000 000 10 000 42,180 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 2 TELECOMMUNICATIONS CORPORATION PORTLAND REGIONAL EDUCATIONAL 501(C)(4) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 61-1491180 51-0173482 20-1760894 93-1098105 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization PORTLAND READING FOUNDATION PUBLIC COMMUNICATORS INC. 209 SW OAK ST, 5TH FLOOR OREGON PROGRESSIVE FUND FRIENDS OF THE CHILDREN DENVER, CO 80201-4099 Name of the organization PORTLAND, OR 97204 PORTLAND, OR 97280 PORTLAND, OR 97212 P.O. BOX 44099 PO BOX 80516 44 NE MORRIS Part

Schedule I (Form 990) (2011)

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

PORTLAND REGIONAL EDUCATIONAL

Page 2

84-1360071

Schedule I (Form 990) (2011) TELECOMMUNICATIONS CORPORATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| | | | | | • |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| | | | | | |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the information | n required in Part I, | line 2, and any other | additional information. | |
| SCHEDULE I, PART I, QUESTION 2 | | | | | |
| PROCEDURES FOR MONITORING THE USE | OF GRANT | FUNDS IN | THE U.S. | | |
| IN THE CASE OF APPLICANTS WITH WHOM | THE | ORGANIZATION | HAS A | FORMAL GRANT | |
| AGREEMENT, THE AGREEMENT OUTLINES | WHEN THE | PAYMENTS ARE TO | | BE MADE AND | |
| USUALLY REQUIRE THE GRANTEE TO SUB | SUBMIT, IN | DETAIL, HO | HOW THEY USED | D THE | |
| FUNDS IN A NARRATIVE OF THE WORK. | THE REP | REPORTS ARE I | THEN REVIEWED | ED BY ONE | |
| OR MORE STAFF MEMBERS OR CONTRACT | CONSULTANTS; | AND | IF THERE IS | ANY | |
| DISCREPANCY, THE FINAL PAYMENT WOULD N | LD NOT BE | E MADE UNTIL | THE | PROBLEM HAS | |
| Campadaoo Naad | | | | | |

132102 01-27-12

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION Employer identification number

84-1360071

| | | | | | n 501(c)(4) organization line 25a or 25b, or Fo | | | √, line 40 |)b. | | |
|-----------------------------------|-----------------|--------------|------------|-----------------|--|-----------|------------|----------------|------------------|-------------|--|
| 1 (a) Name of di | agualdiad aan | | | | (h) Decembra | of transc | ndian. | | | (c) Con | rected |
| (a) Name of the | squaimed per | SON | | | (b) Description | oi transa | | | | Yes | No |
| | | | | | | | _ | | | | |
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| <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Enter the amount of tax imp | osed on the | organization | n manager | s or disqualifi | ed persons during the | year un | der | | | | |
| section 4958 | | | | | | | | > \$ | | | |
| 3 Enter the amount of tax, if a | any, on line 2, | above, rein | nbursed by | the organiza | ition | | | ▶ \$ | | | |
| Part II Loans to and/o | or From Int | erested | Persons | S. | | | | | | | |
| | | | | | line 26, or Form 990-E | Z. Part \ | /. line 38 | la. | | | |
| (a) Name of interested | (b) Loan | to or from | | nal principal | (d) Balance due | (e |) In | (f) App | oroved ard or | | ritten |
| person and purpose | the orga | nization? | ar | mount | | defa | ault? | | rttee? | agree | ment? |
| | То | From | - | | | Yes | No | Yes | No | Yes | No |
| | | | + | | | _ | | - | | | |
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| otal Part III Grants or Assi | stance Rei | nefitina l | ntorosto | od Persons | <u> </u> | | | <u> </u> | | L | |
| Complete if the org | | _ | | | | | | | | | |
| (a) Name of Interested | | 100 | | onship betwe | en interested person | and | | | | d type o | f |
| | | | | the or | ganization | | _ | · · · | assistan | | |
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| A For Paperwork Reduction | | | | | | | | e L (For | | | |

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 TELECOMMUNICATIONS CORPORATION

Part IV Business Transactions Involving Interested Persons.

| Complete if the organization answer | ed "Yes" on Form 990, Part IV, line 28a, 2 | 8b, or 28c. | г - | 1.7-1.05 | |
|-------------------------------------|---|---------------------------|--------------------------------|------------------|----|
| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organiz rever | |
| | | | | Yes | No |
| EBS SUPPORT SERVICES | KEY EMPLOYEES | 167,923. | REIMBURSEME | | X |
| | | | | | |
| | | | | | |
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| Part V Supplemental Information | I | | I | | ı |

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: EBS SUPPORT SERVICES
- (D) DESCRIPTION OF TRANSACTION: REIMBURSEMENT FOR SHARED COSTS

EBS SUPPORT SERVICES LLC IS OWNED BY FIVE MEMBERS WHICH ARE ALL NONPROFIT ORGANIZATIONS. PRETC IS A MEMBER OF EBS SUPPORT SERVICES LLC AND HAS A 17.33% INTEREST. EBS SUPPORT SERVICES WAS CREATED FOR THE PURPOSE OF LEASING PERSONNEL AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMBERS. THE APPORTIONED MANAGER OF EBS SUPPORT SERVICES IS THE PRESIDENT/CEO OF PRETC. THREE KEY EMPLOYEES OF EBS SUPPORT SERVICES DEVOTE PART OF THEIR TIME TO PRETC BUSINESS: JOHN SCHWARTZ, ADAM MILLER, AND PATRICIA DWYER. PRETC REIMBURSES EBS SUPPORT SERVICES FOR THE COST OF THE LEASED PERSONNEL, INCLUDING KEY EMPLOYEES. THE AMOUNT LISTED ABOVE INCLUDES ALL COMPENSATION AND BENEFITS PAID TO THESE KEY EMPLOYEES. THE AMOUNT LISTED ABOVE ALSO INCLUDES SALARY AND BENEFITS FOR OTHER SHARED EMPLOYEES AS WELL AS REIMBURSEMENT FOR SUCH ITEMS AS SHARED OFFICE SPACE, EQUIPMENT, AND OTHER OPERATING EXPENSES.

TOTAL AMOUNT PAID TO EBS SUPPORT SERVICES: 167,923

Schedule L (Form 990 or 990-EZ) 2011

PORTLAND REGIONAL EDUCATIONAL

| PORTLAND REGIONAL E | | 94 1360071 |
|--|---------------------------------------|-------------------|
| Schedule L (Form 990 or 990-EZ) 2011 TELECOMMUNICATIONS Part V Supplemental Information | CORPORATION | 84-1360071 Page 2 |
| Complete this part to provide additional information for response | s to questions on Schedule L (see | instructions). |
| KEY EMPLOYEE COMPENSATION | 42,053 | |
| OTHER EMPLOYEE SALARIES | 83,218 | |
| EMPLOYEE BENEFIT & PAYROLL TAX | 17,149 | |
| OTHER OPERATING EXPENSE | 16,945 | |
| RENT | 8,558 | |
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SCHEDULE O (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

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.

2011
Open to Public Inspection

Name of the organization

PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

Employer identification number 84-1360071

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR |
| "CHARITABLE, SCIENTIFIC AND EDUCATIONAL" AND "SOCIAL WELFARE" PURPOSES |
| WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY, |
| OF THE INTERNAL REVENUE CODE. TO THIS END, THE NONPROFIT SHALL |
| UNDERTAKE ACTIVITIES TO: |
| |
| SUPPORT THE PROVISION OF QUALITY AND DIVERSE INSTRUCTIONAL MEDIA |
| CONTENT AND CAPABILITIES TO EDUCATORS AND STUDENTS, INCLUDING, BUT NOT |
| LIMITED TO, DATA SERVICES AND INSTRUCTIONAL VIDEO; |
| |
| FOSTER OPEN, HONEST AND OUTSPOKEN MEDIA THAT HELP USERS TO BE A POPULAR |
| DEMOCRATIC CHECK ON BOTH GOVERNMENT POWER AND CONCENTRATED PRIVATE |
| PRIVILEGE; |
| |
| EXPAND THE DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM, |
| THAT OFFER DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE |
| INFORMATION AND CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND |
| GLOBAL CONTEXTS; |
| |
| ENGAGE IN ADDITIONAL SOCIAL WELFARE, CHARITABLE, SCIENTIFIC, AND/OR |
| EDUCATIONAL ACTIVITIES AS ARE CONSISTENT WITH OPERATIONS THAT MAY BE |
| UNDERTAKEN BY ORGANIZATIONS DESCRIBED IN, AND THUS EXEMPT FROM TAXATION |
| UNDER, SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, AS NOW ENACTED |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

OR HEREAFTER AMENDED.

MEDIA.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION ALONG WITH 4 OTHER NON-PROFIT ORGANIZATIONS FORMED
PUBLIC TV FINANCING, LLC TO IMPROVE THE DISSEMINATION OF PROGRESSIVE

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION THROUGH ITS INVESTMENT IN AN UNRELATED ORGANIZATION

TAXABLE AS A PARTNERSHIP UNDERTOOK ACTIVITIES TO EXPAND THE

DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM, THAT OFFER

DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE INFORMATION AND

CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND GLOBAL CONTEXTS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ -33,402.

FORM 990, PART VI, SECTION A, LINE 7A: PERSONS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY:

THE PRESIDENT OF THE CORPORATION MAY DESIGNATE UP TO TWO DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF
OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: REVIEW PROCESS OF FORM 990:

THE 990 IS REVIEWED BY THE ORGANIZATION'S ACCOUNTANTS, BUSINESS MANAGER,

CFO, AND AT LEAST ONE CORPORATE OFFICER. ADDITIONALLY THE FORM IS PRESENTED

TO THE BOARD MEMEBERS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY:

EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER HAS A DUTY TO DISCLOSE
TO THE BOARD (OR TO ANY COMMITTEE OF THE BOARD THAT IS CONSIDERING A

DECISION TO WHICH THE CONFLICT APPLIED) THE MATERIAL FACTS OF ANY PROPOSED
TRANSACTION OR ACTION OF THE ORGANIZATION IN WHICH SUCH RESPONSIBLE PERSON
HAS ANY CONFLICTS. EACH RESPONSIBLE PERSON WHO IS A STAFF MEMBER, HAS A

DUTY TO DISCLOSE TO THE BUSINESS MANAGER OF THE ORGANIZATION AND HIS/HER

IMMEDIATE SUPERVISOR THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF THE

ORGANIZATION IN WHICH SUCH PERSON HAS ANY CONFLICT. IMPLEMENTATION OF THE

CONFLICT OF INTEREST POLICY RELIES ON SUCH DISCLOSURE. A RESPONSIBLE

PERSON WHO FAILS TO FOLLOW THE PROTCOLS ESTABLISHED IN THE CONFLICT OF

INTEREST POLICY SHALL BE SUBJECTED TO MEANINGFUL DISCIPLINARY ACTION BY THE

BOARD OF DIRECTORS UP TO AND INCLUDING REMOVAL FROM THE BOARD OR THEIR

POSITION WITHIN THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: REVIEW OF COMPENSATION:

ALL SERVICES PERFORMED ARE FROM SHARED EMPLOYEES OF A MANAGEMENT COMPANY.

THE MANAGEMENT COMPANY HAS AN OVERSIGHT COMMITTEE MADE UP OF BOARD MEMBERS

OF NOT-FOR-PROFIT ORGANIZATIONS THAT IT SERVES. THIS OVERSIGHT COMMITTEE

HAS BEEN CHARGED BY THE NOT-FOR-PROFIT ORGANIZATION BOARDS TO OVERSEE

PERSONNEL MATTERS INCLUDING EXECUTIVE AND STAFF COMPENSATION. STAFF

PREPARED A SALARY BENCHMARKING REPORT FOR ALL STAFF POSITIONS THAT

DESCRIBED EACH POSITION AND COMPARED THE POSITION TO A STATE NONPROFIT

ORGANIZATIONS 2010 SALARY SURVEY. TOP POSITIONS WERE ALSO COMPARED TO DATA

IN GUIDESTAR'S COMPENSATION REPORT RELEASED IN SEPTEMBER 2010. IN ADDITION

THE CEO SALARY WAS COMPARED TO SALARY INFORMATION FROM SIMILAR

ORGANIZATIONS FORM 990 FOR THE LAST THREE YEARS.

Schodula O (Form 990

THIS REPORT AND

| Name of the organization PORTLAND REGIONAL EDUCATIONAL | Employer identification number |
|---|--------------------------------|
| TELECOMMUNICATIONS CORPORATION | 84-1360071 |
| SUPPORTING DOCUMENTATION WAS REVIEWED IN DEPTH BY THE OVE | RSIGHT COMMITTEE |
| WHICH SUMMARIZED ITS REVIEW TO ALL OF THE BOARDS. | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: AVAILABILITY OF TH | E ORGANIZATION'S |
| DOCUMENTS TO THE PUBLIC: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT | OF INTEREST |
| POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC | UPON REQUEST. |
| FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: | |
| NET UNREALIZED LOSSES ON INVESTMENTS: | -210,350. |
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(g) Section 512(b)(13) controlled Employer identification number 84-1360071 ŝ Open to Public OMB No 1545-0047 entlty? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets Public charity status (if section 501(c)(3)) **e** Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total Income Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) TELECOMMUNICATIONS CORPORATION PORTLAND REGIONAL EDUCATIONAL Primary activity Primary activity Name, address, and EIN 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) Parti Part #

r

Schedule R (Form 990) 2011

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

PORTLAND REGIONAL EDUCATIONAL

TELECOMMUNICATIONS CORPORATION Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

84-1360071

| (k) | General or Percentage managing owhership partner? Yes No | | | nore related | (h) Percentage ownership |
|-------------|--|------|---|---|--|
| (0) | n box managing partner/ partner/ 1065) Yes No | | | had one or n | (g) Share of end-of-year assets |
| (j) | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | 34 because It | (f) Share of total income |
| (F) | Disproportionate allocations? | | | ırt IV, line 3 | |
| (6) | Share of end-of-year assets | | | to Form 990, Pa | (e) Type of entity (C corp., S corp., or trust) |
| () | Share of total income | | | on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related) | (d) Direct controlling entity |
| (e) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | f the organizati | (c) Legal domicile (state or foreign country) |
| | | | | complete if | tivity |
| <u>(</u> | Direct controlling entity | | - | ration or Trust (C | (b) Primary activity |
| 9 | Legat domicite (state or foreign country) | | | s a Corpo g the tax y | |
| (2) | Primary activity | | | ganizations Taxable a rporation or trust durin | Z c |
| (a) | Name, address, and EIN of related organization | | | V Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year. | (a) Name, address, and EIN of related organization |
| | | | | Part IV | |

| (a) | (q) | (2) | (d) | (e) | (2) | (6) | ε |
|---|------------------|--|------------------------------|------|-------------|----------------------------|-------------------------|
| Name, address, and ElN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | (C.X | Sha | of rear s | Percentage ownership |
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PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

| | | | | - | |
|--|----------------------------|--|---|----------------------------|------|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes | ş |
| 1 During the tax year, did the organization engage in any of the following transaction | is with one or more re | transactions with one or more related organizations listed in Parts II-IV? | 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) | | | | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 10 | |
| d Loans or loan quarantees to or for related organization(s) | | | | 1d | |
| e Loans or loan quarantees by related organization(s) | | | | 9 | |
| | | | | | |
| f Sale of assets to related organization(s) | | | | <u>+</u> | |
| | | | | 7 | |
| | | | | 6 | |
| _ | | | | 두 | |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | ;- | |
| | | | | | |
| j Lease of facilities, equipment, or other assets from related organization(s) | | | | : - | |
| k Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | * | _ |
| I Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | = | |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | lon(s) | | | ٦ | |
| n Sharing of paid employees with related organization(s) | | | | -T | |
| | | | | ···· | •••• |
| Reimbursement paid to related organization(s) for expenses | | | | 1 0 | |
| P Reimbursement paid by related organization(s) for expenses | | | | 1 _p | |
| | | | | | |
| Q Other transfer of cash or property to related organization(s) | | | | 19 | |
| r Other transfer of cash or property from related organization(s) | | | | 11 | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w | who must complete the | nis line, including covered | nation on who must complete this line, including covered relationships and transaction thresholds | | |
| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved | | |
| (1) | | | | | |
| (1) | | | | | |
| (%) | | | | | |
| (5) | | | | | |
| (4) | | | | | |
| (2) | | | | | |
| | | | | | |
| (9) | | | | | |
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Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

| | 2 | | | - | | | | | | |
|-------------------------------------|------------------|----------|--|--------------------------------------|----------------|----------------------|---------------------------------------|--|-----------------------------------|-------------------------|
| (a) | @ | | <u> </u> | (e) | E | | <u>E</u> | © | 9 | ≆ |
| Name, address, and EIN of entity | Primary activity | eg g | Predominant income pa (related, unrelated, excluded from tax | 9 partners sec 501(c)(3) orgs? | Share of total | Share of end-of-year | Dispropor- tionate allocations? | Olspropor- Code V-UBI General or Percentage tong allocations? Of Schedule K-1 partner? Ownership | General c menaging partner? | Percentage ownership |
| | | country) | under section 512-514) | Yes No | Income | assets | Yes No | (Form 1065) | Yes No | |
| | | | | | | | | | | |
| اے | | | REVENUE | | | | | | | |
| 41-2183115, P.O. BOX 6060, | | | EXCLUDED FROM | | | | _ | | | |
| BOULDER, CO 80306 | EDUCATION | COLORADO | TAX | × | 158,631. | 422,494. | × | 0 | × | 9.108 |
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