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Form 990

Return of Organization Exempt From Income Tax

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

benefit trust or private foundation)

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

APR 1, 2012 and ending MAR 31, 2013 A For the 2012 calendar year, or tax year beginning C Name of organization D Employer identification number Check if PORTLAND REGIONAL EDUCATIONAL Address change TELECOMMUNICATIONS CORPORATION Name change 84-1360071 VOOAL PORTLAND Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin P.O. BOX 6060 3035322852 927,352. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-80306-6060 BOULDER, CO H(a) Is this a group return pending F Name and address of principal officer JOHN SCHWARTZ Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? _Yes L__No 501(c)(3) X 501(c) (527 Tax-exempt status)◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.PRETC.ORG H(c) Group exemption number L Year of formation 1983 M State of legal domicile OR Association Other > K Form of organization. X Corporation Trust Part I | Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance ____ If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box 2 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Õ 6 Total number of volunteers (estimate if necessary) 8,383. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7h Prior Year **Current Year** ο. Contributions and grants (Part VIII, line 1h) 19,370 50,110. Program service revenue (Part VIII, line 2g) 146,418. 51,257. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 312,478. 316,756. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 478,266. 418,123. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 81,180. 24,696. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 9 145,899. 139,776. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 0. b Total fundraising expenses (Part IX, column (D) line 25) 189,549 188,912. Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 416,628. 353,384. 64,739. Revenue less expenses Subtract line 18 from line 12 61,638. Beginning of Current Year End of Year OGDEN. UT 3,232,664. 3,473,645. 20 Total assets (Part X, line 16) 64,229. 91,483. 21 Total liabilities (Part X, line 26) 3,382,162. 3,168,435. Net assets or fund balances. Subtract line 21 from line 20 Signature Blook 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 on of preparer (other than officer) is based on all information of which preparer has any knowledge true, correct, and complete Degla Signature of officer Date Sign ADAM MILLER, SECRETARY Here Type or print name and title Print/Type preparer's name Preparer's signature, /-/Y- ₽00573067 Paid RICHARD SCORESBY, 34-1854260 CBIZ MHM, LLC Firm's EIN Preparer Firm's name 8181 E TUFTS AVENUE Use Only Firm's address 720.200.7000 DENVER, CO 80237 Phone no. X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

32001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

232002 12-10-12

4e

<41,629.>

Other program services (Describe in Schedule O)

Total program service expenses

including grants of \$

168,766.

) (Revenue \$

Page 3

PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

Form 990 (2012)

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
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		X
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		X
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			1
	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?			
	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, VII, 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	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
	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		Х
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 and XII	12a		X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and 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			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Part IV Checklist of Required Schedules (continued)

			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,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	_22_		<u>X</u>
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		X
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	i		.,
	Schedule K If "No", go to line 25	24a		<u>X</u>
	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		
	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			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			Х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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	27		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	Х	
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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	<u> </u>	<u> </u>
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		<u> </u>
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	<u> </u>
		Form	990	(2012)

Far	Check if Schedule O contains a response to any question in this Part V			\Box
	Check in Contrasts & Contains a responde to any question in time rate.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(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			
b	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)			
	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	3b	Λ.	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
52	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	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).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ł		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
Ŭ	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.		ľ	
a	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		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	[
а	Gross income from members or shareholders 11a			
b	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		
_	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	IJA		
h	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			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2012)

Form 990 (2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, 6r Tob below, describe the circumstances, processes, or changes in Schedule C. See instructions						
	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion A. Governing Body and Management						
_	Foter the number of voting members of the governing body at the end of the tax year.		Yes	No			
1a	Effect the number of voting members of the governing body at the ord of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Finter the number of voting members included in line 1a, above, who are independent 1b 4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	-6-					
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	5 6		X			
	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						
	The governing body?	8a	X				
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 reached 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 Revenue Code)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
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	Х				
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	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				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		17				
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
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?	4	Х				
	The organization's CEO, Executive Director, or top management official	15a 15b	X	<u> </u>			
D	Other officers or key employees of the organization	136	A				
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
iva	taxable entity during the year?	16a	Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100					
b	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b	•	X			
Sec	tion C. Disclosure	1.00					
<u> 17</u>	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 (Section 501(c)(3)s only) a	avaılat	ole				
-	for public inspection. Indicate how you made these available Check all that apply.						
	Own website 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, an	d finar	ncıal				
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion.	·				
	HAZEL J. BOLSOVER - 303-532-2852						
	655 SOUTH SUNSET STREET, SUITE A, LONGMONT, CO 80501						
23200		_	. ^^^	/00 . 0.			

Part VIII 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

 $\lceil \mathbf{X} \rceil$

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.

Check this box if neither the organizatio (A)	(B)	J. gc			C)	pci	,541	(D)	(E)	(F)	
(A) Name and Title				Pos		l		Reportable	Reportable	(F) Estimated	
Name and Title	Average hours per	(do not check more than one box, unless person is both an			than		compensation	compensation	amount of		
	week	offic	, ume cer ar	id a d	irecto	or/trus	n an tee)	from	from related	other	
	(list any	5	<u> </u>					the	organizations	compensation	
	hours for	age				-		organization	(W-2/1099-MISC)	from the	
	related	5 93	SE SE			Sgr		(W-2/1099-MISC)	(** =, ***** **)	organization	
	organizations	Indiwdual trustee or director	Institutional trustee		8€	le E		(,		and related	
	below	graf	E G	344	ol dire	15 85 8 32 1	5			organizations	
	line)	휼	Insti	Officer	Ke,	Highest compensated employee	Fom				
(1) ALICE ELLIS GAUT	0.00									_	
EXECUTIVE V.P. / DIRECTOR		X		Х				0.	0.	0.	
(2) JOHN SCHWARTZ	4.00				}						
DIRECTOR & PRESIDENT		X		X		<u> </u>		10,591.	0.	3,001.	
(3) THOMAS HARTMANN	2.00										
DIRECTOR		X			<u> </u>	<u> </u>	ļ	0.	0.	0.	
(4) HOWARD SHAPIRO	5.00								_		
DIRECTOR		Х						2,292.	0.	0.	
(5) CARL WOLFSON	0.00								•		
DIRECTOR		Х				<u> </u>		0.	0.	0.	
(6) ADAM MILLER	7.00										
SECRETARY			_	X	ļ	<u> </u>		11,039.	0.	2,938.	
(7) PATRICIA DWYER	7.00	1							•	1 550	
CFO				X	ļ	ļ		8,598.	0.	1,570.	
(8) HAZEL BOLSOVER	6.00	-	ļ					0.430	0	1 500	
BUSINESS MANAGER			<u> </u>	ļ. <u></u>	Х	 		8,438.	0.	1,522.	
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Form 990 (2012)

	990 (2012) TELECOMMU									84-13	600	71	Pa	ge 8
Par	t.VII Section A. Officers, Directors, Trus		oloy	ees			ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	er (do n		Pos heck ss pe	more rson	than is bot or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati i relate nizatio	e on ed
					_									
								-						
											-			
	·													
1h	Sub-total					<u></u>			40,958.		0.		9,0	31.
c	Total from continuation sheets to Part VI Total (add lines 1b and 1c)						>		0. 40,958.		0.		9,0	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed a	bove	e) wł	no re	eceived more than \$100),000 of reportabl	e 	 T	Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	ey er	mplo	oyee	or I	highest compensated e	mployee on		3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000 <i>? If "Yes,</i>	" co	mpl	ete S	Sche	edule	e J f	or such individual		-	4		Х
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e <i>J f</i>	for s	uch	pers	son					5		X
1	Complete this table for your five highest co								the organization's tax		.pensa	ition fi (C		
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	services	Co		nsatio	ń
								1						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se l:	sted	above) who received r	nore than				···········

Form **990** (2012)

Form 990 (2012)

232009 12-10-12

,e c	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mpiete column (A)	
D-		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	24 626	04.606		
	organizations in the United States See Part IV, line 21	24,696.	24,696.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,	İ			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			50.000	
	trustees, and key employees	50,933.		50,933.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		İ		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	62,843.	50,192.	12,651.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,523.	8,917.	7,606.	
0	Payroll taxes	9,477.	4,086.	5,391.	
1	Fees for services (non-employees):				
а	Management				
b	Legal	1,481.	425.	1,056.	
C	Accounting	2,500.		2,500.	·
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				F-F
f	Investment management fees	11,560.		11,560.	
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	34,217.	21,790.	12,427.	
2	Advertising and promotion	4,212.	4,212.		
3	Office expenses	27,341.	3,255.	24,086.	
4	Information technology	9,761.	9,753.	8.	
5	Royalties	9,100.		9,100.	
6	Occupancy	8,802.	685.	8,117.	
7	Travel	26,212.	10,788.	15,424.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	930.	739.	191.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,304.		5,304.	
3	Insurance	3,207.		3,207.	
4	Other expenses Itemize expenses not covered 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')			12 22	
а		19,376.	5,472.	13,904.	
b		14,971.	14,971.		
C		7,406.	7,406.		
d		1,219.	1,219.		
е	All other expenses	1,313.	160.	1,153.	
5	Total functional expenses. Add lines 1 through 24e	353,384.	168,766.	184,618.	
6	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ► If following SOP 98-2 (ASC 958-720)			1	

Form 990 (2012)
Part X Balance Sheet TELECOMMUNICATIONS CORPORATION

ran	E X	Balance Sheet					
		Check if Schedule O contains a response to any	ques	ion in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			79,262.	1_	244,770.
	2	Savings and temporary cash investments			388,783.	2_	515,565.
	3	Pledges and grants receivable, net		3_			
	4	Accounts receivable, net			5,475.	4	18,066.
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees Complete			
		Part II of Schedule L				5_	
	6	Loans and other receivables from other disquali					
İ		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			3,910.	8	
	9	Prepaid expenses and deferred charges			9,401.	9	10,859.
	10a	Land, buildings, and equipment, cost or other					
		basis Complete Part VI of Schedule D	10a	96,781.			
	b	Less accumulated depreciation	10b	96,514.	5,571.	10c	267.
	11	Investments - publicly traded securities	2,192,820.	11	267. 2,169,437.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	547,442.	13	514,681.		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equi	al line	34)	3,232,664.	16	3,473,645.
	17	Accounts payable and accrued expenses	25,200.	17	45,353.		
	18	Grants payable		18			
	19	Deferred revenue			39,029.	19	46,130.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
≝	22	Loans and other payables to current and former		F	, , , , , , , , , , , , , , , , , , ,		
Liabilities		key employees, highest compensated employee	es, and	disqualified persons			
5		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa		·			
		parties, and other liabilities not included on lines	3 17·24	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			64,229.	26	91,483.
		Organizations that follow SFAS 117 (ASC 958), che	k here 🕨 🗓 and			
န္		complete lines 27 through 29, and lines 33 an	d 34.				
2	27	Unrestricted net assets			3,168,435.	27	3,382,162.
Net Assets or Fund Balances	28	Temporarily restricted net assets				28	
9 6	29	Permanently restricted net assets		Ī		29	
5		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶ 🔲 🏻	······································		
5		and complete lines 30 through 34.					
SIS	30	Capital stock or trust principal, or current funds			30		
155(31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
F	32	Retained earnings, endowment, accumulated in			32		
ž	33	Total net assets or fund balances		3,168,435.	33	3,382,162.	
		Total liabilities and net assets/fund balances		ŀ	3,232,664.	34	3,473,645.

Form 990 (2012)

Pa	rt XII Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
		ı I						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	$\frac{41}{1}$	<u>8,1</u>	23.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			84.			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,16		39.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8			0.			
9	Other changes in net assets or fund balances (explain in Schedule O)	et assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	3,38	2,1	<u>62.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				$oxed{oxed}$			
				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	О.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	_,	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,		·				
	consolidated basis, or both:				}			
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St	ngle Audit						
	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 required	ııred audıt						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2012)			

SCHEDULE D

(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.

Inspection

Name of the organization

PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

Employer identification number 84-1360071

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(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 advi	sed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	g .	e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizati	•	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	· 	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	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	, ,	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	
	year ▶	is a control of the c	o organization contrigues that
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		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		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.		•
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	GC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri	·	
ь	If the organization elected, as permitted under SFAS 116 (AS	6C 958), to report in its revenue statemen	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 financi	
_	the following amounts required to be reported under SFAS 1		g, protido
а	Revenues included in Form 990, Part VIII, line 1	, a v to a docy relating to those items	> \$
	Assets included in Form 990, Part X		\$
J	7.000to indigaga in Form 550, 7 art A		- Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Par	t-III Organizations Maintaining Co	llections of Ar	t, Hist	torical Tr	easures, o	r Othe	r Similar	Asse	ts (contin	ued)		
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the	following that	are a si	gnificant use	of Its	collection	Items		
	(check all that apply):											
а	Public exhibition	d		Loan or excl	nange progra	ms						
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's coll	ections and explair	n how th	ey further th	ne organizatio	on's exer	npt purpose	ın Parl	XIII			
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be mail	ntained as part of t	he orga	nization's co	llection?				Yes	No_		
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the	organizatio	n answered "	Yes" to	Form 990, P	art IV, I	ine 9, or			
1a	Is the organization an agent, trustee, custodia	n or other intermed	lary for	contribution	s or other as	sets not	ıncluded	_	-			
	on Form 990, Part X?							_	Yes	∟ No		
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing t	table								
									Amount			
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Foi	m 990, Part X, line	21?						Yes	No		
b	If "Yes," explain the arrangement in Part XIII (Check here if the ex	planatio	on has been	provided in F	Part XIII						
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0					
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three year	rs back	(e) Four	years back		
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships			•••								
- e	Other expenditures for facilities					i	, ,					
ŭ	and programs											
f	Administrative expenses											
	End of year balance		·									
9	Provide the estimated percentage of the curre	ent year and halanc	a (lina 1	a column ()) beld as:				l			
2		int year end baranc	%	y, column (c	i)) Held as							
a	Board designated or quasi-endowment	%	- ⁷⁰									
	Permanent endowment											
С	Temporarily restricted endowment	%										
_	The percentages in lines 2a, 2b, and 2c should	· ·	. 4 41.					100				
3a	Are there endowment funds not in the posses	sion of the organiza	ation the	at are neid a	na aaministe	rea for ti	ne organizai	ЮП	Γ	Vac Na		
	by.									Yes No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(II), are the related organizations								_3b			
4	Describe in Part XIII the intended uses of the											
Pai	t VI Land, Buildings, and Equipme							1				
	Description of property	(a) Cost or o basis (investr		1	or other (other)		ccumulated oreclation		(d) Bool	< value		
1a	Land											
b	Buildings							\perp				
С	Leasehold improvements											
d	Equipment			9	6,781.		96,51	4.		267.		
	Other											
	. Add lines 1a through 1e. (Column (d) must eg	ual Form 990, Part	X, colui	mn (B), line	10(c))			>		267.		
							Sc	hedule	D (Forn	n 990) 2012		

PORTLAND REG	GIONAL EDUCATI	ONAL	
Schedule D (Form 990) 2012 TELECOMMUNIC	CATIONS CORPOR	RATION	84-1360071 Page
Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation (Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		·	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			···
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value		Cost or end-of-year market value
(1) INDEPENDENT SPECTRUM, LLC	409,734.	COST	
(2) EBS SUPPORT SERVICES, LLC	69,099.	COST	
(3) FREE SPEECH MEDIA, LLC	57,119.	COST	
(4) PUBLIC TV LLC	<24,982.		
(5) MOBILE CITIZEN, LLC	3,711.	COST	
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶	514,681.		
Part IX Other Assets. See Form 990, Part X, line			
(a) l	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line		<u></u>	<u> </u>
Part X Other Liabilities. See Form 990, Part X, I			
1. (a) Description of liability	()	o) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	Ì		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

(10)(11) PORTLAND REGIONAL EDUCATIONAL

Sche	dule D (Form 990) 2012 TELECOMMUNICATIONS CORPOR	RATION	84-1360071 Page 4					
	t'XI Reconciliation of Revenue per Audited Financial State	ments With Reve						
1	Total revenue, gains, and other support per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.							
а	Net unrealized gains on investments	2a						
ь	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII)	4b						
С	Add lines 4a and 4b	lines 4a and 4b						
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5						
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return					
1	Total expenses and losses per audited financial statements		1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a						
ь	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1	3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
ь	Other (Describe in Part XIII)	4b						
С	Add lines 4a and 4b		4c					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5					
Pa	rt XIII Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa							

2 Employer identification number 84-1360071 OMB No 1545-0047 Open to Public 2012 Inspection (h) Purpose of grant or assistance X Yes 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 MEDIA 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 23,097. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table TELECOMMUNICATIONS CORPORATION PORTLAND REGIONAL EDUCATIONAL (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 51-0173482 Part # | General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization PUBLIC COMMUNICATORS INC. or government DENVER, CO 80201-4099 Name of the organization Department of the Treasury Internal Revenue Service P.O. BOX 44099 SCHEDULE (Form 990) Part #

17

Schedule I (Form 990) (2012)

Page 2

84-1360071

Schedule | (Form 990) (2012) 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
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation.
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	M THE OR	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, HOW	W THEY USED	D THE	
FUNDS IN A NARRATIVE OF THE WORK.	THE REP	REPORTS ARE T	THEN REVIEWED	ED BY ONE	
OR MORE STAFF MEMBERS OR CONTRACT	CONSULTANTS;	AND	IF THERE IS	ANY	
DISCREPANCY, THE FINAL PAYMENT WOULD	NOT	BE MADE UNTIL	THE	PROBLEM HAS	
BEEN CORRECTED.					:

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.

Open To Public Inspection

OMB No 1545-0047

Name of the organization

PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

Employer identification number 84-1360071

Part I	Excess Bene	efit Transac	•	01(c)(3) and s	ection 501(c)(4) org art IV, line 25a or 251			art V. I)b		-	
1		(b)	Relationship bet			ified						(d)	Correc	cted?
(a) Nar	ne of disqualified p	person (°	person and o		•	(4	c) De	escription of tran	sactio	n		Y		No
			-					· · · · · · · · · · · · · · · · · · ·						
section 3 Enter t	n 4958 the amount of tax,	ıf any, on line 2	2, above, reimburs	sed by	the or	qualified persons du	ring	the year under		► \$ ► \$				
Part II			nterested Per											
		-				, Part V, line 38a or	Forn	n 990, Part IV, lin	ie 26;	or if th	ne orga	anızatı	on	
	reported an amo Name of ested person	(b) Relationsh with organization	of loan	(d) Lo	an to or n the zation?	(e) Original principal amount	(1) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or nittee?		ritten ment?
		1.9		То	From				Yes	No	Yes	No	Yes	No
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Part III			enefiting Inte swered "Yes" on			rsons.			Į.					
(a) N	ame of interested		(b) Relationship interested per the organiz	betwe	een	(c) Amount of assistance	,	(d) Type assistan) Purpose of assistance			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

PORTLA Schedule L (Form 990 or 990-EZ) 2012 TELECO	ND REGIONAL EDUCATION		84-1360	071	Page 2
Part IV Business Transactions Involv	~	0h 00 -			
(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of ation's lues?
EBS SUPPORT SERVICES, LLC	KEY EMPLOYEES	169,261.	REIMBURSEME	Yes	No X
				_	
Part V Supplemental Information					L
	al information for responses to question	s on Schedule L (see	instructions)		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVE	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: EBS SU	PPORT SERVICES, LLC	DBA VOQAL			
(D) DESCRIPTION OF TRANSAC	TION: REIMBURSEMENT	FOR SHARED	COSTS		
				•	
EBS SUPPORT SERVICES LLC I	S OWNED BY FIVE MEM	BERS WHICH	ARE ALL		
NONPROFIT ORGANIZATIONS.	PRETC IS A MEMBER O	F EBS SUPPO	RT SERVICES	LLC	
AND HAS A 17.33% INTEREST.	EBS SUPPORT SERVI	CES WAS CRE	ATED FOR TH	E	
PURPOSE OF LEASING PERSONN					
	THE APPOINTED MANAG			ICES	
IS THE PRESIDENT/CEO OF PR					
SERVICES DEVOTE PART OF TH			OHN SCHWART		
ADAM MILLER, PATRICIA DWYE	R, AND HAZEL BOLSOV	ER. PRETC	REIMBURSES	EBS	
SUPPORT SERVICES FOR THE C	OST OF THE LEASED P	ERSONNEL, I	NCLUDING KE	Y	

EMPLOYEES. THE AMOUNT LISTED ABOVE INCLUDES ALL COMPENSATION AND BENEFITS PAID TO THESE KEY EMPLOYEES ON BEHALF OF PRETC. 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.

169,261 TOTAL AMOUNT PAID TO EBS SUPPORT SERVICES:

Schedule L (Form 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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
OR HEREAFTER AMENDED.

MOBILE CITIZEN, LLC.

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

LAST YEAR THE ORGANIZATION BEGAN PROVIDING DATA SERVICES FOR

EDUCATIONAL AND NON-PROFIT ORGANIZATIONS UNDER THE PROGRAM NAME MOBILE

CITIZEN. IN LATE 2012, THE ORGANIZATION, ALONG WITH FOUR OTHER

NON-PROFIT ORGANIZATIONS, FORMED MOBILE CITIZEN, LLC TO PROVIDE THESE

SAME DATA SERVICES FOR EDUCATIONAL AND NON-PROFIT ORGANIZATIONS. DATA

ACCOUNTS PUT IN SERVICE PRIOR TO 4/1/2013 WILL CONTINUE TO BE HOUSED IN

THE ORGANIZATION'S MOBILE CITIZEN PROGRAM. MOBILE CITIZEN DATA SERVICE

ACCOUNT ACTIVITY BEGINNING ON OR AFTER 4/1/2013 WILL BE REPORTED IN

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 \$ -41,629.

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.

232212 01-04-13 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

ORGANIZATION'S 2012 SALARY SURVEY. TOP POSITIONS WERE ALSO COMPARED TO DATA

IN GUIDESTAR'S COMPENSATION REPORT RELEASED IN SEPTEMBER 2012. IN ADDITION

THE CEO SALARY WAS COMPARED TO SALARY INFORMATION FROM SIMILAR

ORGANIZATIONS' FORM 990 FOR THE LAST THREE YEARS. THIS REPORT AND

SUPPORTING DOCUMENTATION WAS REVIEWED IN DEPTH BY THE OVERSIGHT COMMITTEE

WHICH SUMMARIZED ITS REVIEW TO ALL OF THE BOARDS.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABILITY OF THE ORGANIZATION'S DOCUMENTS TO THE PUBLIC:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART VII, SECTION A

EBS SUPPORT SERVICES, LLC (D/B/A VOQAL) IS OWNED BY FIVE MEMBERS WHICH

ARE ALL NONPROFIT ORGANIZATIONS. PRETC IS A MEMBER OF VOQAL AND HAS A

17.33% INTEREST. VOQAL WAS CREATED FOR THE PURPOSE OF LEASING PERSONNEL

AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMBERS. CERTAIN

DIRECTORS AND OFFICERS, INCLUDING THE ONES LISTED ABOVE IN PART VII,

SECTION A, WORK WITH VOQAL TO PROVIDE THEIR SERVICES TO VOQAL'S MEMBERS

AND OTHER COMPANIES THE MEMBERS JOINTLY OWN. PRETC REIMBURSES VOQAL FOR

THE PERSONNEL COST OF THE DIRECTORS AND OFFICERS. THE AMOUNTS LISTED

ABOVE INCLUDES COMPENSATION PAID TO THESE DIRECTORS AND OFFICERS.

OMB No 1545-0047 Open to Public Inspection	Employer identification number $84-1360071$		(f) End-of-year assets Direct controlling entity			if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	tty Direct controlling controlled controlled entity Yes No			Schedule R (Form 990) 2012
33, 34, 35, 36, or 37. ions.	ş		(d) Total income End-of-			art IV, line 34 because it had o	(d) (e) Exempt Code Public charity section status (if section 501(c)(3))			
es" to Form 990, Part IV, line 33, 3 ► See separate instructions.		to Form 990, Part IV, line 33.)	(c) Legal domicile (state or foreign country)			nswered "Yes" to Form 990, P.	(c) Legal domicile (state or foreign country)			
P. Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990.	NAL EDUCATIONAL IONS CORPORATION	e if the organization answered "Yes"	(b) Primary activity			tions (Complete if the organization a	(b) Primary activity			is for Form 990.
SCHEDULE R (Form 990) P Comple Infanal Resury Infanal Review Service	Name of the organization PORTLAND REGIONAL I	Part t Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	(a) Name, address, and EIN of related organization			For Paperwork Reduction Act Notice, see the Instructions for Form 990.

PORTLAND REGIONAL EDUCATIONAL

TELECOMMUNICATIONS CORPORATION

Page 2

84 - 1360071

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.) Schedule R (Form 990) 2012

Part III

Seneral or Percentage managing ownership 2 Yes No 6 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv ate allocations? Disproportion-Yes Ξ Share of end-of-year assets 6 Share of total income $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization (a

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

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	(E)	e 512(b)(13) controlled entity?	8 N	 		 	_		_	_					_	4
	<i>3</i>		Yes													
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		Share of total income														
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	(d) Direct controlling entity															Ì
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organizations treated as a corporation of trust during the tay year.																
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Schedule R (Form 990) 2012

232162 12-10-12

TELECOMMUNICATIONS CORPORATION PORTLAND REGIONAL EDUCATIONAL Schedule R (Form 990) 2012

Page 3

84 - 1360071

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

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Gift, grant, or capital contribution from related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Part V 6

Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses Sharing of paid employees with related organization(s) ۵

Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

Lease of facilities, equipment, or other assets from related organization(s)

Lease of facilities, equipment, or other assets to related organization(s)

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 Other transfer of cash or property from related organization(s)

84-1360071

Schedule R (Form 990) 2012 TELECOMMUNICATIONS CORPORATION PORTLAND REGIONAL EDUCATIONAL

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	see instructions regarding exclusion for certain investment partnerships	sion for certain inv	estment partnerships						,	•
(a)	(q)	(၁)	(p)	(e)	(a)	(6)	Ξ	(9)	9	3
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all 501(c)(3) orgs?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI General of Percentage amount in box 20 managing ownership of Schedule K-1 partner/ (Form 1065) Yes No	General or managing partner?	Percentage ownership
r. l			REVENUE							
41-2183115, P.O. BOX 6060,			EXCLUDED FROM							
BOULDER, CO 80306	EDUCATION	COLORADO	TAX	×	120,908.	409,732.	X	N/A	x	9.10%
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Form (0000 (Day 4 0040)					_				
Form 8868 (Rev 1-2013) • If you are filing for an Additional (Not Automatic) 3-Month Ex	tonsion .	namelete only Dort II and about the	hav		Page 2 ▶ X				
Note. Only complete Part II if you have already been granted an a				8868	K				
If you are filing for an Automatic 3-Month Extension, complete			ed i Oiiii	0000					
Part II Additional (Not Automatic) 3-Month E			inal (n	o copies need	led)				
		_		ng number, see ir					
Type or Name of exempt organization or other filer, see instru				r identification nur					
print PORTLAND REGIONAL EDUCATION					·				
File by the TELECOMMUNICATIONS CORPORAT	ION			84-13600	71				
oue date for filing your return See P.O. BOX 6060	ee Instruc	tions	Social se	ecurity number (SS	SN) 				
City, town or post office, state, and ZIP code For a formula BOULDER, CO 80306-6060	oreign add	dress, see instructions	·						
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Application	Return	Application			Return				
Is For	Code	Is For			Code				
Form 990 or Form 990-EZ	01								
Form 990-BL	02	Form 1041-A			08				
Form 4720 (individual)	03	Form 4720			09				
Form 990-PF	04	Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069									
Form 990-T (trust other than above) 06 Form 8870 12									
STOP! Do not complete Part II if you were not already granted		natic 3-month extension on a prev	ously file	ed Form 8868.	,,				
• The books are in the care of ► 655 SOUTH SUNS				T, CO 805	01				
Telephone No ► 303-532-2852		FAX No. \triangleright 303-532-270) 9						
If the organization does not have an office or place of business				•	• 📙				
If this is for a Group Return, enter the organization's four digit	1								
box ► If it is for part of the group, check this box ►		ach a list with the names and EINs of	all memb	ers the extension	is for				
		ARY 15, 2014.	MAD	21 2012	,				
5 For calendar year, or other tax year beginning 6 If the tax year entered in line 5 is for less than 12 months or			_		<u> </u>				
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	neck reas	on Initial return	Final r	return					
7 State in detail why you need the extension									
ADDITIONAL TIME REQUIRED TO CO	OMPTT	E INFORMATION FOR	A COM	PLETE AND)				
ACCURATE RETURN									
		**							
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any							
nonrefundable credits. See instructions	,	•	8a	\$	0.				
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated							
tax payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid							
previously with Form 8868			8b	\$	0.				
c Balance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System) See instru			8c	\$	0.				
		st be completed for Part II o	-						
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this for	ing accomp orm	panying schedules and statements, and to	the best o	of my knowledge and	belief,				

Form 8868 (Rev 1-2013)



Signature 🕨

Title ► CPA