DLN: 93493046020317

OMB No 1545-0047

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

Department of the Treasury

Return of Organization Exempt From Income Tax

foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/foim990

	al Revenue Servic	<u>'</u>					
		lendar year, or tax year begin C Name of organization	ning 04-01-2015 , and ending 03-31-2	2016	D Empl	over id	entification number
_	eck if applicable idress change	PORTLAND REGIONAL EDUCATION TELECOMMUNICATIONS CORPOR				.3600°	
<u> </u>	ame change	Doing business as				.3600	/ 1
∏ In	ıtıal return	VOQAL PORTLAND					
	nai /terminated	Number and street (or P O box i PO BOX 6060	f mail is not delivered to street address) Room,	/suite		hone nu	
<u> </u>	nended return plication pending	City or town, state or province, c	(303) 532-	2852		
I VA	plication pending	BOULDER, CO 803066060	,,		G Gross	receipts	s \$ 874,923
		F Name and address of prin	cıpal officer	H(a)	Is this a grou	p retur	n for
		JOHN SCHWARTZ PO BOX 6060			subordinates No	7	⊤ Yes √
	x-exempt status	BOULDER, CO 803066060		H(b)	Are all subor	dinates	Yes No
		501(c)(3) 501(c)(4)	◀ (insert no) 4947(a)(1) or 527		included? If "No," attac	h a list	t (see instructions)
	ebsite: WW	W PRETC ORG		H(c)			umber ▶
K For	n of organization	✓ Corporation Trust Asso	ociation Other ►	L Y	ear of formation 1	.983	M State of legal domicile OR
Pa	rt I Sum	mary					
	1 Briefly des		ion or most significant activities	ELV 50 B	"CUADITADI		THE LOCATION
			AND WILL BE OPERATED EXCLUSIVED BY PURPOSES WITHIN THE MEANING				
		*	REVENUE CODE TO THIS END, THE				
		THE PROVISION OF QUAL DRS AND STUDENTS, INCLU					
			TIONAL INSTITUTIONS AND GOVER				
Ç			STUDENTS, FOSTER OPEN, HONEST ON BOTH GOVERNMENT POWER AI				
Tel.	EXPAND.	THE DISSEMINATION OF M	EDIA, AND POINTS OF VIEW CARRIE	D BY TH	IEM, THAT OF	FER DI	SSENTING,
Governance		CAL AND GLOBAL CONTEXT	STRUCTIVE INFORMATION AND CO FS, ENGAGE IN ADDITI	INCEPTS	TOTHEMARI	KEIPL	ACE OF IDEAS IN
9							
Activities &							
ΜĚ	2 Check th	is box ▶ ┌ if the organization	discontinued its operations or dispose	d of more	e than 25% of r	ts net a	assets
Act	3 Number	of voting members of the gove	rning body (Part VI, line 1a)			з	J 5
•		of independent voting member		4	4		
		nber of individuals employed i		5	0		
	6 Total nur	nber of volunteers (estimate i			6		
			Part VIII, column (C), line 12			7a	13,218
	b Net unrela	ated business taxable income	from Form 990-T, line 34	· · ·		7b	
	8 Contri	butions and grants (Part VIII	line 1h)		Prior Year		Current Year
₫.		,	, line 2g)		5	,329	0
Ravenue	10 Invest	tment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		145	,704	108,851
æ			A), lines 5, 6d, 8c, 9c, 10c, and 11e)		396	,949	375,698
	12 Total (revenue—add lines 8 through	11 (must equal Part VIII, column (A),	line	547	,982	485,828
		and similar amounts paid (Pa	art IX, column (A), lines 1-3)		101	,000	81,500
	14 Benefi	ts paid to or for members (Pai	rt IX, column (A), line 4)				0
\$0.	15 Saları 5–10		oyee benefits (Part IX, column (A), line	s	104	,599	0
Expenses	1		IX, column (A), line 11e)				0
ă	b Total fu	ndraising expenses (Part IX, column	(D), line 25) ▶ <u>0</u>				
ш	17 Other	expenses (Part IX, column (A	a), lines 11a-11d, 11f-24e)		122	,621	263,738
		·	must equal Part IX, column (A), line 25	· —		,220	345,238
<u></u>	19 Reven	ue less expenses Subtract lii	ne 18 from line 12		219	,762	140,590
Net Assets or Fund Balances				Begı	nning of Current	t Year	End of Year
Asse Bal		assets (Part X, line 16)			4,128		4,190,551
End of		liabilities (Part X, line 26) .			,143	63,539	
		ature Block	ect line 21 from line 20	•	4,056	,674	4,127,012
Unde	r penalties of	perjury, I declare that I have e	examined this return, including accomp				
	nowledge and I Irer has any ki		complete Declaration of preparer (other	than offi	cer) is based o	n all ın	formation of which
Sigr	***** Signa	** ature of officer			2017-02-06 Date		
Her	_ \	MILLER COO/SECRETARY					
	Туре	or print name and title					
	l R	nnt/Type preparer's name OBERT E FABRY CPA	Preparer's signature ROBERT E FABRY CPA	Date 2017-02-	06 Check If	PTIN P007	57821
Paid	1 -	irm's name BAUERLE AND COM	PANY PC	<u> </u>	self-employed Firm's EIN ▶		
	parer ⊢	irm's address ▶ 7887 E BELLEVIEW A			Phone no (30		
USE	: Only	5511155 00 00111					

DENVER, CO 801116021 May the IRS discuss this return with the preparer shown above? (see instructions)

115,300

including grants of \$

121,901

including grants of \$

including grants of \$

THE ORGANIZATION PROVIDED DATA SERVICES TO EDUCATIONAL AND NON PROFIT ENTITIES THROUGH ITS INVESTMENT IN MOBILE CITIZEN, LLC THE PROGRAM REVENUE AND EXPENSES FLOWING THROUGH TO THE ORGANIZATION FROM MOBILE CITIZEN SCHEDULE K-1 WERE 80,800 AND 151,179 RESPECTIVELY, NETTING

81,500) (Revenue \$

) (Revenue \$

) (Revenue \$

4b

4c

4d

(Code

(Code

TO A LOSS OF (70,379) See Additional Data

(Expenses \$

) (Expenses \$

) (Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

GRANTS IN SUPPORT OF THE ORGANIZATION'S PHILANTHROPIC VALUES

Page 2

)

Form 990 (2015)

-70,379)

Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
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		No
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		No
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		No
	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		No
	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	11 c	Yes	
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17		No
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		No
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		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Form 990 (2015)

Yes

Νo

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🥦 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 💆

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

29

31

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8		1 65	140
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
		e organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gamın	g (gambling) winnings to prize winners?	1c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		tatements, filed for the calendar year ending with or within the year covered s return			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
		e organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
		nt)?	4a		No
b	If"Ye	s," enter the name of the foreign country 🕨			
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F	•	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		s," to line 5a or 5b, did the organization file Form 8886-T?	5b		
·	11 16:	5, to fine 5a of 5b, did the organization file (offil occur) (5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
h	-	ization solicit any contributions that were not tax deductible as charitable contributions?			
U		not tax deductible?	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).			
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services provided?	7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d		s," Indicate the number of Forms 8282 filed during the year			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7-		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	/g		
		1098-C?	7h		
8	•	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
		the year?	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section	on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club			
11		on 501(c)(12) organizations. Enter			
a	Gross	Income from members or shareholders			
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
		s," enter the amount of tax-exempt interest received or accrued during the			
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the	organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
		onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans			
С		the amount of reserves on hand			
14a	Did th	e organization receive any payments for indoor tanning services during the tax year?	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

1 01111 9 9 0 (2013								
Part VI	Gov	erna	nce,	Manag	ement	, and	Discl	osur	•
	_								

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	Check if Schedule O contains a response or note to any line in this Part VI			🗸
			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 body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter 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 officer, director, trustee, or key employee?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	<u> </u>
	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 taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶BECKY SCHOTT 825 DELAWARE AVE SUITE 500 LONGMONT, CO 80503 (303) 532-2852

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

interest policy, and financial statements available to the public during the tax year

Part VII

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

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, or 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) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JOHN SCHWARTZ DIRECTOR & P	4 00	х		х				0	158,649	40,38
(2) ALICE ELLIS GAUT DIRECTOR & E	46 00 1 00	×		х				0	0	
(3) THOMAS HARTMANN DIRECTOR	1 00	×						0	0	ı
4) DYLAN HYDES DIRECTOR	2 00	×						0	0	1
(5) CHARLES MARR DIRECTOR	1 00	×						0	0	ı
6) ADAM MILLER COO/SECRETAR	2 50 47 50			х				0	119,424	26,12
(7) PATRICIA DWYER CFO	6 00 44 00			х				0	98,642	13,68

art VII	Section A. Officers	, Directors, Tru	stees, Key Employ	ees, and Highest (Compensated Employees	(continued)
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(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
	+									
4. 0.1.7.1						<u> </u>				
1b Sub-Total				•	•					
d Total (add lines 1b and 1c)					٠.	•			376,715	80,195

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization >

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Νo For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person

4 Yes 5 Νo

Yes

No

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.

compensation from the organization inspect compensation for the	salemaar , car emailing ment or ment and organization	o tan , oa.
(A)	(B)	(C)
Name and business address	Description of services	Compensation
EBS SUPPORT SERVICES, PO BOX 6060 BOULDER, CO 80306	MGMT SUPPORT	149,522

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 1

Form 99								Page S
Part V	/##	Statement of						_
		Check if Sched	ule O contains a respoi	nse or note to any lir	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ာ ဗ</u>	1a	Federated cam	paigns 1a					
ant	b	Membership du	ies 1b					
Contributions, Giffs, Grants and Other Similar Amounts	c	Fundraising ev	ents 1 c					
ifts. ar A	d	Related organiz	zations 1d					
s, G	e	Government grant	s (contributions) 1e					
io I Si	f		ons, gifts, grants, and 1f	1,279				
but	g	similar amounts no	ot included above ons included in lines					
a di		1a-1f \$						
Cont	h	Total. Add line:	s 1a-1f	· · · •	1,279			
E.				Business Code				
Program Service Revenue	2a b							
ı Q <u>∓</u>	c							
rvc.	d		_					
% =	e							
grar	f	All other progra	am service revenue					
Ě	g	Total. Add line:	s 2a-2f	>				
	3	Investment inc	ome (including dividen	ds, interest,	96,913			96,913
	4		ar amounts)	- t	50,513			30,513
	5	Royalties .		>	432,859			432,859
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		_	(ı) Securities	(п) O ther				
	7a	Gross amount from sales of assets other than inventory	401,033					
	b	Less cost or	200.005					
		other basis and sales expenses	389,095					
	C	Gain or (loss)	11,938		11,938			11,938
	d 8a		•	· · · · P	11,550			11,550
Other Revenue		events (not inc \$	luding s reported on line 1c)					
8		See Part IV, Iir	ne 18 a					
the	b	Less direct ex	penses b					
Ö	c	Net income or	(loss) from fundraising	events ▶				
	9a	Gross income f See Part IV, lir	from gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	owances .	P				
	Ь	Less costofa	a oods sold b					
		_	(loss) from sales of inv	entory >				
		Mıscellaneou		Business Code				
	11a	K-1 EBS SUPP LLC	ORT SERVICES,	561000	13,336		13,336	
	b		ECH MEDIA, LLC	512000	-118		-118	
	c	K-1 MOBILE C		517000	-70,379	-70,379		
	d	All other reven						
	e	Total. Add lines	s 11a-11d	•	-57,161			
	12	Total revenue.	See Instructions .	•	485,828	-70,379	13,218	541,710

Form 990 (2015)	Page 1 0
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)	
Check if Schedule O contains a response or note to any line in this Part IX	

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	81,500	81,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	151,947	18,957	132,990	
Ь	Legal	41,002		41,002	
с	Accounting	2,500		2,500	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	15.70			
f -	Investment management fees	15,721		15,721	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,067	13,067		
12	Advertising and promotion				
13	Office expenses	2,143	1,090	1,053	
14	Information technology	319	295	24	
15	Royalties				
16	Occupancy	10.215	4.200	11.007	
17 18	Payments of travel or entertainment expenses for any federal,	19,215	4,288	14,927	
19	state, or local public officials				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,151		3,151	
24	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)	5,131		3,131	
а	ROYALTY EXPENSE	12,819	2,614	10,205	
b	LICENSE, PERMITS AND FEES	1,016		1,016	
c	GIFTS	625		625	
d	TELEPHONE AND INTERNET	123		123	
e	All other expenses	90	90		
25	Total functional expenses. Add lines 1 through 24e	345,238	121,901	223,337	0
26	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)				

Form 990 (2	2015)
Part X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X $$. $$.
1	Cash-non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
4	Accounts receivable, net
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.

II of Schedule L

Part II of Schedule L

Notes and loans receivable, net .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Other assets See Part IV, line 11 .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

persons Complete Part II of Schedule L

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . .

Grants payable

Deferred revenue

Less accumulated depreciation .

6

7

R

9

10a

b

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34

Net Assets or Fund Balances

Balance Sheet	
Check if Schedule O contains a response or note to any line in thi	S
Cash-non-interest-bearing	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

							Р	age
Part X								. 1

88,781

649.522

5,329

(A)

Beginning of year

							Р
•	•	•	•	•	•	•	٠

1

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3

4

5

6

7

R

10c

11

12

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18

19

20

21

22

23

24

25

26

27

28

30

31

32

33

72,143

4,056,674

4.056.674

4.128.817

2,539

2,739,914

642,732

4,128,817

43,886

28,257

Р	age

(B)

End of year

96,079

506,508

330

2,851,671

735,963

4,190,551

26,264

37,275

63,539

4,127,012

4,127,012

4,190,551

Form 990 (2015)

9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,1	27,012
Par	t XII Financial Statements and Reporting				<u>.</u>
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			

Both consolidated and separate basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

3a Νo 3b Form 990 (2015)

2c

Additional Data

Software ID: Software Version:

EIN: 84-1360071

Name: PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ Including grants of \$) (Revenue \$)
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

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493046020317

Open to Public Inspection

Interr	nal Revenue Service	·		ZIIOPOCCIOII
POF	me of the organization RTLAND REGIONAL EDUCATIONAL ECOMMUNICATIONS CORPORATION			loyer identification number
		Advised Funds or Other Similar		1360071
Pe		ed "Yes" on Form 990, Part IV, line 6.	runus	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the		onor advi	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for	any othe	r purpose Yes No
Pa	•	ete if the organization answered "Yes"	on Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	- · · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (e g , recreducation)		an histor	rically important land area
	Protection of natural habitat			d historic structure
	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	n of a conservation
	,			Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	ents	2b	
c	Number of conservation easements on a certified	historic structure included in (a)	2 c	
d	Number of conservation easements included in (o historic structure listed in the National Register	:) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or termina	ted by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ndling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing con	servation easements during the
	-			
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violations, and enforcing	conserva	ation easements during the year
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of se	ection 17	(0(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi sements	al staten	nents that describes
Par	t III Organizations Maintaining Collect Complete if the organization answers	tions of Art, Historical Treasures ed "Yes" on Form 990, Part IV, line 8.	, or Otl	ner Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its rev assets held for public exhibition, education	n, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SI			

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

▶ \$ __

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storic	al ⁻	Treasures	5, or (Other	Similar A	ssets	
3		the organization's acquisition, accestion items (check all that apply)	ession, and other rec	ords, ch	neck a	ny o	f the followin	g that	are a sı	ıgnıfıcant us	e of its	
а		Public exhibition		d	Г	Loa	n or exchan	ge pro	grams			
b	_ :	Scholarly research		e	Г	O th	ner					
c		Preservation for future generations										
4	Provide Part >	de a description of the organization's	s collections and exp	plain ho	w they	furtl	her the orgai	nızatıoı	n's exer	mpt purpose	ın	
5	Durin	g the year, did the organization solic s to be sold to raise funds rather tha								ar Ve s	5	_
Pa	rt IV	Escrow and Custodial Arra		us purc	or the t	n g u	inzucion 5 co	Ticctio		T es	5 N(<u>) </u>
		Complete if the organization a Part X, line 21.		Form	990, 1	Part	: IV, line 9,	or re	ported	an amoun	t on Fori	n 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inter	mediary	for co	ntrık	outions or ot	her as:	sets no	t \ \ Ye :	5 N	o
b	If"	Yes," explain the arrangement in Pa	art XIII and complet	e the fol	llowing	tab	le			Am	ount	
С	-	ginning balance						10				
d		ditions during the year						1d				
е	Dıs	tributions during the year						1e				
f		ding balance						1 f				
2 a	Did th	ne organization include an amount oi	n Form 990, Part X,	lıne 21,	for es	row	or custodia	laccou	ınt lıabı	lity? Yes	5 N	o
h												
ь		s," explain the arrangement in Part										
26	rt V	Endowment Funds. Complete	(a)Current year		or year	а "Y	b (c)Two yea			ee years back	(e)Four ye	ars hack
1a	Beau	nning of year balance	(a)Cullent year	(0)	ioi yeai		D (C) Wo yea	15 Dack	(u)iiie	ee years back	(e)i oui y	edis Dack
ь	_	ributions										
С	Net II losse	nvestment earnings, gains, and is										
d	Grant	ts or scholarships										
е		r expenditures for facilities rograms										
f	A dmı	nistrative expenses										
q		of year balance										
•												
2	Provid	de the estimated percentage of the o	current year end bala	ance (lır	ne 1g,	colu	mn (a)) held	as				
а	Board	designated or quasi-endowment 🕨										
b	Perma	anent endowment ▶										
c	•	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c :	should equal 100%									
3а	A re th	nere endowment funds not in the pos ization by	•	nızatıon	that a	e he	eld and admi	nıstere	d for th	e	Yes	No
		related organizations									(i) (ii)	
ь		s" on 3a(II), are the related organiza									ib	<u> </u>
4		ribe in Part XIII the intended uses o	•									
Pai	rt VI	Land, Buildings, and Equip										
		Complete if the organization a Description of property	inswered 'Yes' to	Form 9			[V, line 11 a er basis	(b)	Form 9	990, Part X Accumulated		ook value
		Description of property		(a			nent) Cost o	r other l (other)	asıs	(c)depreciation		ok value
	Land							(Julei)	\dashv			
		gs									+	
		nold improvements		·								
		nent		. \vdash								
				⊢								
		ines 1 a through 1 e (Column (d) mus			mn (B)	line	= 10(c))					

XIII _

	Investments—Other Securities.	Complete if the org	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or categor (including name of security)	pry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financia	al derivatives			Cost of the of year market value
	-held equity interests			
(3) 0 ther				
Total. (Column	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.			
Part VIII	Complete if the organization answer	ed 'Yes' on Form 9	90, Part IV, line 11c.se	Form 990 Part X line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	ENDENT SPECTRUM, LLC PPORT SERVICES, LLC		479,098 106,460	C C
	E CITIZEN, LLC		94,343	C
	PEECH MEDIA, LLC		56,062	С
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•	735,963	
Part IX	Other Assets. Complete if the organization (a) De	scription		(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lir			•
Part X	Other Liabilities. Complete if the o See Form 990, Part X, line 25.	rganization answer	ed 'Yes' on Form 990, P	art IV, line 11e or 11f.
1.	(a) Description of liability	(b) Book valu	ue	
Federal inc	ome taxes			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	•		
2. Liability	for uncertain tax positions In Part XIII, pro			
	n's liability for uncertain tax positions unde			

Schedule D (Form 990) 2015

	Complete if the organ	<u>ızatıon answered 'Yes' on Form 990, F</u>	art I	V, line 12a.	•	
1	Total revenue, gains, and other	r support per audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	cilities	2b			
c	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line 1 .				3	
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Sta Ization answered 'Yes' on Form 990, F			s per	Return.
1	Total expenses and losses per	audited financial statements			1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25				
а	Donated services and use of fa	cilities	2a			
b	Prior year adjustments		2b			
c	Other losses		2 c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		•		3	
4	A mounts included on Form 990), Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, lir	ne 18)	5	
	Supplemental Info	Drmation Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV lines 1h and 2	h	
Part		lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				

Schedule D (Form 990) 2015		Page 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION **General Information on Grants and Assistance** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (d) A mount of cash **(b)** EIN (e) A mount of non-(f) Method of organization if applicable grant cash valuation or government (book, FMV, assistance

2015
Open to Public Inspection

Employer identification number

84-1360071

DLN: 93493046020317

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient (g) Description of (h) Purpose of grant non-cash assistance or assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2015

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

PAYMENT WOULD NOT BE MADE UNTIL THE PROBLEM HAS BEEN CORRECTED

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

SCHEDULE I, PAGE 4, PART IV SCHEDULE I, PART I, LINE 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 SUBMIT, IN DETAIL, HOW THEY USED THE FUNDS IN A NARRATIVE OF THE WORK THE REPORTS ARE

THEN REVIEWED BY ONE OR MORE STAFF MEMBERS OR CONTRACT CONSULTANTS, AND IF THERE IS ANY DISCREPANCY, THE FINAL

Page **2**

Additional Data

organization

700 MARION ST NE SALEM, OR 97301

MOMENTUM ALLIANCE 1631 NE BROADWAY 453 PORTLAND, OR 97232 Software ID: Software Version:

if applicable

45-4176224

EIN: 84-1360071

Name: PORTLAND REGIONAL EDUCATIONAL

TELECOMMUNICATIONS CORPORATION

cash

(book, EMV, appraisal, l

non-cash assistance

(h) Purpose of grant

CIVIC ENGAGEMENT

orassistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of

501C3

grant

or government		паррисавіс	grant	assistance	other)	non cash assistance	or assistance
PUBLIC COMMUNICATORS INC 2900 WELTON ST SUITE 300 DENVER,CO 80205	51-0173482	501C3	17,500				CORE SUPPORT
CAUSA OREGON	61-1590160	501C3	10,000				VOTER ENGAGEMENT

18,000

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) THE NEW PROGRESSIVE 32-0073649 501C4 14.000 VOTING ACCESS NETWORK D/B/A/THE OREGON BUS PROJECT 333 SE 2ND AVE PORTLAND, OR 97214 ASIAN PACIFIC AMERICAN 80-0252850 501C3 12,000 **VOTER ENGAGEMENT** NETWORK OFOREGON 2788 SF 82ND AVE PORTLAND, OR 97266 STATE VOICES 20-1115618 501C3 10,000 COMMUNICATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

310 SW 4TH AVE SUITE 1125

PORTLAND, OR 97204

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493046020317

2015

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Treasur	,	
Internal	Revenue	Ser
	6.11	

Schedule J (Form 990)

	B. Lis
pen to	
Inspe	ction

reas	ury ial Revenue Service			nsp	ectio	n
	me of the organization		Employer identification	n nur	nber	
	RTLAND REGIONAL EDUCATIONAL ECOMMUNICATIONS CORPORATION		0.4.10.00.7.4			
	rt I Questions Regarding Compensation		84-1360071			
ΡŒ	Questions Regarding Compensation				W	
					Yes	No
1 a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Housing allowance or residence for	-			
	Travel for companions	Payments for business use of pers	i i			
	Tax idemnification and gross-up payments	Health or social club dues or initiat	i			
	Discretionary spending account	Personal services (e.g., maid, chau	i			
	The section and a section is	The contract of the contract o				
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc			1b		
2	Did the organization require substantiation prior to rein					
	directors, trustees, officers, including the CEO/Execut	ive Director, regarding the items checked	ın line 1a?	2		
3	Indicate which, if any, of the following the filing organiza					
	organization's CEO/Executive Director Check all that used by a related organization to establish compensati					
	✓ Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study	İ			
	Form 990 of other organizations	Approval by the board or compensation	ation committee			
	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4	During the year, did any person listed on Form 990, Pa or a related organization	rt VII, Section A, line 1a with respect to t	:he filing organization			
а	Receive a severance payment or change-of-control pay	yment?		4a		Νo
b	Participate in, or receive payment from, a supplementa	l nonqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de the applicable amounts for each item i	n Part III			
_	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	-				
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a, did the organization pay or accrue	any			
а	The organization?			5a		No
	Any related organization?			5b		No
_	If "Yes," on line 5a or 5b, describe in Part III		ŀ			
6	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue	any			
а	The organization?			6 a		No
b	Any related organization?		ļ	6b		No
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des		n-fixed	7		No
8	Were any amounts reported on Form 990, Part VII, par	d or accured pursuant to a contract that v	vas			
	subject to the initial contract exception described in Re					
	ın Part III			8		Νo
9	If "Yes" on line 8, did the organization also follow the resection 53 4958-6(c)?	ebuttable presumption procedure describe	ed in Regulations	9		

40.383

199.032

DIRECTOR & PRESIDENT

158,649

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

SCHEDULE J, PART III EBS SUPPORT SERVICES, LLC (D/B/A VOQAL) 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 LLC WAS CREATED FOR THE PURPOSE OF

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

DURING FISCAL 2016

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DLN: 93493046020317

OMB No 1545-0047

2015

Open to Public Inspection

(Form 990 or 990-EZ)

Schedule L

Department of the

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Transactions with Interested Persons

Treasury Internal Revenue Service ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION 84-1360071 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loa or from organiza	the	(e)Original principal amount	(f) Balance due	(g) defa		(h A ppro by boa commi	ved rd or	(i)Wrı agreem	
			То	From			Yes	No	Yes	No	Yes	No
otal		▶ \$	•			•		•				

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	 , ,	

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Complete if the organizati			ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
				Yes	No
(1) EBS SUPPORT SERVICES LLC	KEY EMPLOYEES	151,948	REIMBURSEMENT		Νo

Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART V	SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF PERSON EBS SUPPORT SERVICES, LLC DBA VOQAL (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 APPOINTED 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 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 TOTAL AMOUNT PAID TO EBS SUPPORT SERVICES 151,948 PERSONNEL COSTS 85,093 PAYROLL TAXES AND BENEFITS 22,587 OTHER OPERATING EXPENSES 34,872 RENT 9,396
	Schedule L (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue

Name of the organization

PORTLAND REGIONAL EDUCATIONAL

Treasury

Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493046020317

Employer identification number

TELECOMMUNICATIONS CORPORATION 84-1360071 Return Explanation Reference FORM 990 -THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR "CHARITABLE. SCIENTIFIC AND ORGANIZATION'S EDUCATION- AND "SOCIAL WELFARE" PURPOSES WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 501(C)(4), MISSION RESPECTIVELY. OR 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 PROVIDED TO ACCREDITED EDUCATIONAL INSTITUTIONS AND GOVERNMENTAL ORGANIZATIONS ENGAGED IN THE FORMAL EDUCATION OF ENROLLED STUDENTS, 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 A RE 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

Return Reference	Explanation
Return Reference FORM 990	Explanation BACKGROUND, THESE ADDITIONAL VOLIDITARY DOLOGY, RESINENTED DEDITO QMETHE INTERESTED REPORT GREATER NISSEN THROUGH AND WAY NOT WAY
	SUBSIDIARIES FORMED TO-DATE, IS HAS BEEN ABLE TO PASS THROUGH EDUCATIONAL AND FINANCIAL BENEFITS TO 37 EBS LICENSES THIS "STRENGTH IN NUMBERS" APPROACH ALLOWS EBS LICENSE HOLDERS TO GAIN OPPORTUNITIES

Return Reference	Explanation
FORM 990, PAGE 2,	VOQAL PORTLAND CEASED EDUCATION ON DEMAND IN JULY 2015 THIS ENDED THE ERA OF VOQAL PORTLAND
PART III, LINE 3	PROVIDING INSTRUCTIONAL CONTENT TO SCHOOLS SEE SCHEDULE O FOR FURTHER INFORMATION

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE PRESIDENT OF THE CORPORATION MAY DESIGNATE UP TO TWO DIRECTORS

Return Reference	Explanation	
FORM 990, PAGE 6, PART VI, LINE 8B	THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY	

Return Reference	Explanation
FORM 990, PAGE 6,	THE 990 IS REVIEWED BY THE ORGANIZATION'S ACCOUNTANTS, CFO, AND AT LEAST ONE CORPORATE
PART VI, LINE 11B	OFFICER ADDITIONALLY THE FORM IS PRESENTED TO THE BOARD MEMBERS AFTER IT IS FILED

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	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 A PERSON HAS ANY CONFLICT IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY RELIES ON SUCH DISCLOSURE A RESPONSIBLE PERSON WHO FAILS TO FOLLOW THE PROTOCOLS 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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	ALL SERVICES PERFORMED ARE FROM SHARED EMPLOYEES OF A SHARED SERVICES COMPANY THIS 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 SEMI-ANNUAL SALARY BENCHMARKING REPORT FOR ALL STAFF POSITIONS AND AN ANNUAL CEO SALARY REVIEW THAT DESCRIBED EACH POSITION AND COMPARED THE POSITION TO THREE SALARY SURVEYS MOUNTAIN STATES EMPLOYEE COUNCIL 2014 NON-PROFIT/FOUNDATION COMPENSATION, MOUNTAIN STATES EMPLOYERS COUNCIL 2015 COLORADO BENCHMARK COMPENSATION, AND 2014 COLORADO NON-PROFIT ASSOCIATION SALARY AND BENEFITS SURVEY IN ADDITION, THE SALARY BENCHMARKING REPORT WAS REVIEWED BY AN INDEPENDENT THIRD PARTY CONTRACTOR TO ENSURE THE USE OF PROPER METHODOLOGY AND ETHICAL STANDARDS THESE SALARIES ARE EFFECTIVE FOR THE FISCAL YEAR 2016 THIS REPORT, THE THIRD PARTY CONTRACTOR REPORT AND SUPPORTING DOCUMENTATION WAS REVIEWED IN DEPTH BY THE OVERSIGHT COMMITTEE WHICH SUMMARIZED ITS REVIEW TO ALL OF THE BOARDS

Return Reference	Explanation	
FORM 990, PAGE 6, PART VI, LINE 15B	SEE THE EXPLANATION SHOWN FOR FORM 990, PART VI, LINE 15A	l

Return Reference	Explanation
FORM 990, PAGE 6, PART	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
VI, LINE 19	FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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Related Organizations and Unrelated Partnerships

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

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

Employer identification number

84-1360071

2015

DLN: 93493046020317 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

(Form 990)

► Attach to Form 990.

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

(c) (d) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (c) (d) (e) (f) (g) Exempt Code section Name, address, and EIN of related organization Primary activity Legal domicile (state Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? No Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No	
											<u> </u>	

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

(i) ction 512 (b)(13) ontrolled entity?	res No						
(h) Percentage ownership							
(g) Share of end- of-year assets							
(f) Share of total income							
(e) Type of entity (C corp, S corp, or trust)							
(d) Direct controlling entity							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of related organization							

Part V	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Not	c. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Re	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b Gif	, grant, or capital contribution to related organization(s)			[1 b		
c Gıf	grant, or capital contribution from related organization(s)			[1 c		
d Loa	ns or loan guarantees to or for related organization(s)			[1 d		
e Lo	ns or loan guarantees by related organization(s)				1e		
f Div	dends from related organization(s)				1 f		
g Sa	e of assets to related organization(s)				1 g		
h Pu	chase of assets from related organization(s)				1h		
i Exc	nange of assets with related organization(s)				1 i		
j Lea	se of facilities, equipment, or other assets to related organization(s)				1j		
le Lo	se of facilities, equipment, or other assets from related organization(s)				1k		
	ormance of services or membership or fundraising solicitations for related organization(s)				11		
m Per	ormance of services or membership or fundraising solicitations by related organization(s)				1m	1	
	ing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sh	ring of paid employees with related organization(s)				10		
n De	nbursement paid to related organization(s) for expenses				1 p		
•	mbursement paid by related organization(s) for expenses				1q		
q ive	industriality for the detection of the second section of the section of the second section of the section						
r Oth	er transfer of cash or property to related organization(s)				1r		
s Otl	er transfer of cash or property from related organization(s)				1 s		
2 Ift	e answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	overed relationships	and transaction thresholds			-
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	unt ın	volved	
		+					
		1					

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	tax under sections 512-	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3)		total income end-of-	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No	İ					
(1)INDEPENDENT SPECTRUM LLC	EDUCATION	co	ROYALTIES		No	294,614	479,092		No			No	9 100 %					
PO BOX 6060BOULDER, CO 80306 41-2183115				igsqcup									 					
													1					
			<u> </u>	Ь						Eshad	ulo B /Fo	O(90) 2015					

