DLN: 93493287017239 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 C Name of organization PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION D Employer identification number B Check if applicable ☐ Address change 84-1360071 ☐ Name change Doing business as VOQAL PORTLAND ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 6060 ☐ Amended return ☐ Application pending (303) 532-2852 City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO 803066060 G Gross receipts \$ 1,878,301 Name and address of principal officer H(a) Is this a group return for JOHN SCHWARTZ ☐Yes **☑**No subordinates? PO BOX 6060 H(b) Are all subordinates BOULDER, CO 803066060 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 4947(a)(1) or 501(c) ( 4 ) ◀ (insert no ) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW PRETC ORG L Year of formation 1983 M State of legal domicile OR Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a -15,649 **b** Net unrelated business taxable income from Form 990-T, line 34 -15,649 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 0 0 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 190,775 156,913 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 418,830 416,173 606,948 575,743 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 114,500 188,600 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 276,512 287,384 475,984 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 391,012 99,759 Revenue less expenses Subtract line 18 from line 12 . 215,936 Net Assets or Fund Balances Beginning of Current Year End of Year 4,823,317 4,782,242 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 68,943 57,967 22 Net assets or fund balances Subtract line 21 from line 20 . 4,713,299 4,765,350 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-11 Signature of officer Sign Here ADAM MILLER CEO/SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-10-11 P00757821 Paid self-employed Firm's name ► WIPFLI LLP Firm's EIN ► 39-0758449 Preparer Use Only Firm's address ► 7887 E BELLEVIEW AVE SUITE 700 Phone no (303) 759-0089 DENVER, CO 80111 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statemen	t of Program Service	e Accomplis	hments		
	——— Check ıf Sch	edule O contains a respoi	nse or note to	any line in this Part III		🗆
1		organization's mission		•		
SEE S	SCHEDULE O					
2	Did the organization	n undertake any significai	nt program ser	vices during the year w	which were not listed on	
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe th	nese new services on Sch	edule O			
3	Did the organization	n cease conducting, or ma	ake significant	changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Schedule	e O			
4	Section $501(c)(3)$ a		ns are required	to report the amount	e largest program services, as meast of grants and allocations to others,	
4a	(Code	) (Expenses \$	26,083	including grants of \$	18,000 ) (Revenue \$	)
	See Additional Data					<u> </u>
4b	(Code	) (Expenses \$	193,281	ıncludıng grants of \$	170,600 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program serv	rices (Describe in Schedu	le O )			
	(Expenses \$	ınclu	ding grants of	\$	) (Revenue \$	)
4e	Total program sei	rvice expenses ▶	219,3	64		

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Par	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
	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 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏			

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

11e

11f

12a

12b

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14a

14b

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20a

20b

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Yes

Nο

Νo

No

Nο

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m !	990 (2018)			Page
art	Checklist of Required Schedules (continued)			
			Yes	No
	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	
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
1	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
)	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28b		No
	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	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions $^7$ If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
	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		No
	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		No
ı	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	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		
	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	Yes	
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   12			

1b

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1c

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . Nο Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Form **990** (2018)

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Part VI Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a			
	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 3			
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	Yes	
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?	<b>8</b> a	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
122	Did the organization have a written conflict of interest policy? If "No." go to line 13	122	Vac	

/a	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?	<b>8</b> a	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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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			

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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	ction 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-A 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶BECKY SCHOTT 825 DELAWARE AVE SUITE 500 LONGMONT, CO 80501 (303) 532-2854			
		F	orm <b>99</b>	<b>0</b> (201

D	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	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14		No
L5	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶BECKY SCHOTT 825 DELAWARE AVE SUITE 500 LONGMONT, CO 80501 (303) 532-2854			
		F	orm <b>99</b>	<b>0</b> (2018

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, 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

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

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per compensation than one box, unless person compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensated employee individual to or director ্ organizations MISC) MISC) related Institutional below dotted organizations emplo line) trustee P 4.50 (1) JOHN SCHWARTZ Х Х 169,531 42,258 **DIRECTOR & PRESIDENT** 45 50 1 00 (2) ALICE ELLIS GAUT . . . . . . . . . . . . . . . . . . . Х Х 0 DIRECTOR & EXEC V P 0 00 2 50 (3) CHARLES MARR . . . . . . . . . . . . . . . . . . Х Х Ω n 0 TREASURER 0 00 2 50 (4) THOM HARTMANN Х 0 DIRECTOR 0 00 3 50 (5) ADAM MILLER Х 130,984 28,965 COO/SECRETARY 47 50 2 00 (6) BARBARA HUNTER Х 122,595 18.156 48 00

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Part	VII Section A. Officers, Direc	tors, Trustees	, Key	Emp	loye	ees,	and	High	nest Co	mpensa	ted Employees (	conti	inued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι in of	t che unles ficer	and a	son	compensation compensat		Reportable compensation from related	w-	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			2/1099-MISC	) (	organizati relat organiza	ed
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												$\perp$		
1b St	ıb-Total						▶_					Ľ		
	tal from continuation sheets to P	•			٠		<b>&gt;</b>			0	423,11			89,379
	tal (add lines 1b and 1c)					h	<b>▶</b>				<u> </u>	<u> </u>		89,379
	Total number of individuals (including of reportable compensation from the			e iist	ea a	DOV	e) wno	rece	eivea ma	ore than	\$100,000			
													Yes	No
	Did the organization list any <b>former</b>			ee, k	ey e	mple	oyee, d	or hi	ghest co	mpensat	ed employee on			
	line 1a? If "Yes," complete Schedule			•	•	•		•				3		No
	For any individual listed on line 1a, is organization and related organization individual	s the sum of reposes greater than s	ortable 3150,00	comp 0? <i>If</i> •	ensa "Yes	ation s," co	and on an	other te Sc	compen chedule J	isation fr I for such	om the	4	Yes	
5	Did any person listed on line 1a recei	ve or accrue cor	npensal	tion f	rom	any	unrela	ated	organiza	ation or in	ndıvıdual for		100	
	services rendered to the organization	i?If "Yes," comp	lete Sch	edule	∍ J fc	or su	ıch pei	rson				5		No
Sec	tion B. Independent Contract	tors												
	Complete this table for your five high from the organization Report compe											npens	sation	
		(A)		,						Ī	(B)		(C	
	PPORT SERVICES,	and business addre	:55							MGMT SU	escription of services PPORT	$\dashv$	Comper	212,174
POBOX BOULD	6060 ER, CO 80306													

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

Form **990** (2018)

	990 (2018)								Page <b>9</b>
Part									
	Check if Schedul	le O contains a	response	or note to any	(A) Total revenue	(B) Related or exempt function	U	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaign	ns	1a			revenue			512 - 514
nts nts	<b>b</b> Membership dues	<u>_</u>	1b						
iral 1011	c Fundraising events	<u> </u>	1c						
S, C	d Related organizatio	<u></u>	1d						
Gift	e Government grants (co	Ŀ	1e						
ns, Gifts, Grants Similar Amounts	<b>f</b> All other contributions,	· L	1						
tion S. r.		ot included	1f						
tributic Other	g Noncash contribution	ons included							
Contributions, Gifts, Grants and Other Similar Amounts	ın lınes 1a - 1f \$		_						
<u>ت</u> ک	<b>h Total.</b> Add lines 1a	-1f		. •					
ıle				Business	Code				
٧٠	2a 								
og≛	b		-						
Š	с ———		-						
<u>¥</u>	"								
Iran.	<b>f</b> All other program se								
Program Service Revenue	<b>9Total.</b> Add lines 2a-2		<b>&gt;</b>						
	3 Investment income (iii			est and other	1				
	sımılar amounts) .			•	141,0	152			141,052
	4 Income from investme				460.6	50			469,650
	<b>5</b> Royalties	(ı) Real		• [II) Personal	1 409,0	130			409,030
	<b>6a</b> Gross rents	(i) Real		ii) i ersonar	-				
					_				
	<b>b</b> Less rental expenses								
	c Rental income or (loss)				1				
	<b>d</b> Net rental income o	r (loss)			-				
	The remaining of	(i) Securitie		(II) Other					
	7a Gross amount from sales of	1.71	2 410		1				
	assets other	1,31	3,419						
	than inventory								
	<b>b</b> Less cost or other basis and	1,30	2,558						
	sales expenses  C Gain or (loss)	1	5,861		-				
	<b>d</b> Net gain or (loss) .			<b>•</b>	15,8	861			15,861
	8a Gross income from fi								
nue	contributions reporte								
₹ >0	See Part IV, line 18		a						
ď	<b>b</b> Less direct expense		b						
Other Revenue	c Net income or (loss)  9a Gross income from g			· · •	1				
ō	See Part IV, line 19								
			a		4				
	<b>b</b> Less direct expense. <b>c</b> Net income or (loss)		<b>b</b>		_				
	10aGross sales of invent			· · •					
	returns and allowand	ces							
	<b>b</b> Less cost of goods s	sold	a b		-				
	© Net income or (loss)			•	_				
	Miscellaneous			usiness Code					
	11a <sub>K-1</sub> FREE SPEECH M	1EDIA, LLC		51200	-	-29	-29		
	b K-1 EBS SUPPORT S	SERVICES, LLC		56100	-15,6	549		-15,649	
	C K-1 MOBILE CITIZEN	N, LLC		51700	-35,1	.42	35,142		
	A   A     - ±								
	d All other revenue . e Total. Add lines 11a			. •					
	12 Total revenue. See		• •	- <b>F</b>	-50,8	20			
	-= rotar revenue. see	ansa actions	• •	• • •	575,7	·43 -:	35,171	-15,649	626,563 Form <b>990</b> (2018)

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

section 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	_	·		
Oo not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	188,600	188,600	general expenses	
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, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> 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				
L <b>0</b> Payroll taxes				
.1 Fees for services (non-employees)				
a Management	204,774	19,585	185,189	
<b>b</b> Legal	13,166		13,166	
c Accounting	2,500		2,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	16,010		16,010	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	795		795	
2 Advertising and promotion				
.3 Office expenses	1,136	155	981	
4 Information technology				
<b>5</b> Royalties				
6 Occupancy				
<b>—</b>	15.041		15,041	
7 Travel	13,041		15,041	
9 Conferences, conventions, and meetings				
<b>0</b> Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization				
3 Insurance	3,116		3,116	
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 )			3,233	
a ROYALTY EXPENSE	18,200		18,200	
<b>b</b> FELLOWSHIP REIMB	9,900	9,900		
c DUES AND SUBSCRIPTIONS	1,480	1,120	360	
d LICENSES & PERMITS	1,262		1,262	
e All other expenses	4	4		
25 Total functional expenses. Add lines 1 through 24e	475,984	219,364	256,620	
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)				

351

37.275

57,967

4.765.350

4,765,350

4,823,317

Form **990** (2018)

				I .	1	
	2	Savings and temporary cash investments .	481,800	2	366	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		202	4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	ated employees Complete		5	
ts	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L.  Notes and loans receivable, net		6		
Assets	-	·				
	8	Inventories for sale or use			8	
~	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		<b>10</b> c	
	11	Investments—publicly traded securities .		3,145,462	11	3,356
	12	Investments—other securities See Part IV, line		12		
	13	Investments—program-related See Part IV, line	656,310	13	630	

Q	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .	3,145,462	11	3,356,518	
	12	Investments—other securities See Part IV, line		12		
	13	Investments—program-related See Part IV, line	Investments—program-related See Part IV, line 11			
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	4,782,242	16	4,823,317

	basis complete rait vi or schedule b				
Ь	Less accumulated depreciation	10b	]	<b>10</b> c	
11	Investments—publicly traded securities .	3,145,462	11	3,356,518	
12	Investments—other securities See Part IV, line		12		
13	Investments—program-related See Part IV, line	656,310	13	633,893	
14	Intangible assets		14		
15	Other assets See Part IV, line 11			15	
16	Total assets.Add lines 1 through 15 (must equ	al line 34)	4,782,242	16	4,823,317
17	Accounts payable and accrued expenses		31,668	17	20,692
18	Grants payable			18	

37.275

68.943

4.713.299

4,713,299

4,782,242

19

20

21

22 23

24

25

26

27 28

29

30

31 32

33

34

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

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

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties

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

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

**Fund Balances** 

Assets or 30

Net

Form	990 (2018)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			575,743
2	Total expenses (must equal Part IX, column (A), line 25)	2			475,984
3	Revenue less expenses Subtract line 2 from line 1	3			99,759
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	,713,299
5	Net unrealized gains (losses) on investments	5			-47,708
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
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	,765,350
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	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 reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	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 separate consolidated basis, or both	basıs,			
	☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2018)

**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

## Additional Data

Software ID: Software Version:

**EIN:** 84-1360071

Name: PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

VOQAL'S EDUCATION OPPORTUNITY PROJECT AIMS TO MEASURABLY REDUCE EDUCATIONAL OPPORTUNITY GAPS BY PROVIDING CAPITAL AND STRATEGIC ADVICE TO ENTREPRENEURS AND ORGANIZATIONS WORKING TO IMPROVE EDUCATIONAL OUTCOMES FOR DISADVANTAGED POPULATIONS

## Form 990, Part III, Line 4b: GRANTS IN SUPPORT OF THE ORGANIZATION'S PHILANTHROPIC VALUES

### Form 990, Part III, Line 4c: THE ORGANIZATION PROVIDED DATA SERVICES TO EDUCATIONAL, SOCIAL WELFARE 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 \$143,227 AND \$178,369

RESPECTIVELY, NETTING TO A LOSS OF \$(35,142)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493287017239

OMB No 1545-0047

# **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.

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

Inspection

	RTLAND REGIONAL EDUCATIONAL		Employer identification number
	ECOMMUNICATIONS CORPORATION		84-1360071
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Yo		or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
L	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		vised funds are the
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?		
Pa	rt II Conservation Easements. Complete if t	he organization answered "Yes" on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply)	
	$\square$ Preservation of land for public use (e g , recreation	on or education) $\square$ Preservation of an	historically important land area
	Protection of natural habitat	☐ Preservation of a c	certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferr tax year ▶	ed, released, extinguished, or terminated by	the organization during the
1	Number of states where property subject to conservati	on easement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,  Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting  \$ \( \) \( \)	, handling of violations, and enforcing conser	vation easements during the year
3	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)^7$	) above satisfy the requirements of section $1^{\circ}$	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial state	•
ar	Organizations Maintaining Collections Complete if the organization answered "You		er Similar Assets.
La	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fina	r public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items		
(	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(i	ii)Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$
<b>L</b>	Accets included in Form 990. Part V		

Par	1111	Organizations Maintaining Col	lections of Art, I	listor	ical T	reas	ures, o	r Other	Similar A	\ssets (	continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the f	ollowing t	hat are a	significant	use of it	s collection	
а		Public exhibition		d		Loa	n or excha	ange pro	grams			
b		Scholarly research		е		Oth	er					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's col KIII	lections and explain	how th	ey furtl	her tl	ne organiz	zation's e	xempt purp	ose in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							nılar	□ Y	es 🗆 I	No
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	), Part	IV,	line 9, oi	r report	ed an amo	unt on	Form 990	, Part
1a	Is the	e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	liary for	r contri	butio	ns or othe	er assets	not	□ <b>Y</b>	es 🗆	No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing	table :					Amount		_
С	Begin	ining balance						1c				
d	Addıtı	ions during the year						1d				
е	Distri	butions during the year						1e				
f	Endın	g balance						1f				
<b>2</b> a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or c	ustodial a	ccount li	ability?	. 🗆 Y	es 🗆 i	No
b		es," explain the arrangement in Part XIII								_		
Pa	rt V	Endowment Funds. Complete if										
			(a)Current year	(b)F	Prior yea	ır	(c)Two y	ears back	(d)Three ye	ears back	(e)Four ye	ars back
<b>1</b> a	Beginn	ing of year balance										
b	Contrib	outions										
C	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end balance	(line 1	g, colu	mn (	a)) held a	s				
а	Board	d designated or quasi-endowment 🕨										
b	Perma	anent endowment 🟲										
С	Temp	orarily restricted endowment <b>&gt;</b>										
		ercentages on lines 2a, 2b, and 2c shou	•									
3a		nere endowment funds not in the posses lization by	sion of the organizat	ion tha	it are h	eld a	nd admini	istered fo	or the		Yes	No
	_	rrelated organizations								3	a(i)	110
		elated organizations									a(ii)	<del>                                     </del>
b		s" on 3a(II), are the related organization	s listed as required	on Sche	edule R	?.					3b	
4	Descr	ribe in Part XIII the intended uses of the	organization's endo	wment	funds						•	
Pa	rt VI	Land, Buildings, and Equipmen										
	D	Complete if the organization answ							<u>rm 990, P</u> depreciation		ne 10. (d) Book val	
	Descri	ption of property (a) Cost or oth (investme		or other	i Dasis (	otrier,	(C) Acc	umulated	иергестацоп		(d) BOOK Val	ue
<b>1</b> a	Land											
b	Buildin	gs										
c	Leaseh	old improvements										
d	Equipm	nent										
Tota	ıl. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	mn (B)	, line	10(c))		<b>&gt;</b>			0

Schedule D (Form 990) 2018  Part VII Investments—Other Securities. Complete (	f the organiza	ation answe	ered "Yes" on F	orm 990 Pa	Page 3
See Form 990, Part X, line 12.	T the organize				
(a) Description of security or category (including name of security)		(b) Book value	Cost o	c) Method of v or end-of-year	aluation market value
(1) Financial derivatives					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	i	•			
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' or	_				
(a) Description of investment	(b) Book	value		c) Method of v or end-of-year	
(1)FREE SPEECH MEDIA (2)INDEPENDENT SPECTRUM		55,891 424,328		C C	
(3)EBS SUPPORT SERVICES		112,040		C	
(4)MOBILE CITIZEN (5)PAIRIN INC		27,892 3,491		C C	
(6)EDUCATION MODIFIED LLC		3,307		С	
(7)SCHOOL RUNNER LLC		6,944		С	
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answer	ered 'Yes' on Fo	633,893 rm 990 Pari	· IV line 11d Se	 e Form 990 P	art X line 15
(a) Descrip		,		,	(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization		· · · Yes' on For		▶ , line 11e or	11f.
See Form 990, Part X, line 25.  1. (a) Description of liability		<b>(b)</b> Bo	ok value		
(1) Federal income taxes					
(2)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		L_ L_ LL .			Albah was set att
2. Liability for uncertain tax positions In Part XIII, provide the texorganization's liability for uncertain tax positions under FIN 48 (AS					

Total revenue, gains, and other support per audited financial statements . . .

Schedule D (Form 990) 2018

1

1

Page 4

2	Amounts included on line 1 but not	t on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on in	vestments	2a		
b	Donated services and use of faciliti	les	2b		
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII ) .		2d		
e	Add lines 2a through 2d			. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Pa	art VIII, line 12, but not on line <b>1</b>			
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			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem ation answered 'Yes' on Form 990, Part		per Retur	n.
1	Total expenses and losses per audi	ited financial statements		1	
2	Amounts included on line 1 but not	t on Form 990, Part IX, line 25			
а	Donated services and use of faciliti	les	2a		
b	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 $\bf 2e$ from line $\bf 1$			3	
4	Amounts included on Form 990, Pa	art IX, line 25, 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			4c	
5	Total expenses Add lines 3 and 40	c. (This must equal Form 990, Part I, line 18	)	5	
Par	t XIII Supplemental Infor	mation			
		rt II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide			4, Part X, line 2, Part
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493287017239 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 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. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number PORTLAND REGIONAL EDUCATIONAL 84-1360071 TELECOMMUNICATIONS CORPORATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>			
Part III Grants and Other As Part III can be duplica				ganization answered "Yes'	s" on Form 990, Part IV, line 22				
(a) Type of grant or assista		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental :	Informatic	on. Provide the inf	ormation required in	Part I, line 2; Part III	${ m I}$ , column (b); and any other ad	dditional information.			
Return Reference	Explanation	on							
SCHEDULE I, PART 1, LINE 2		CASE OF APPLICANTS WITH WHOM THE ORGANIZATION HAS A FORMAL GRANT AGREEMENT, THE AGREEMENT OUTLINES WHEN THE PAYMENTS ARE TO BE							

Schedule I (Form 990) 2018

## **Additional Data**

NETWORK OF OREGON 2788 SE 82ND AVE STE 203 PORTLAND, OR 97266 BUILDING POWER FOR

COMMUNITIES OF COLOR 221 NW 2ND AVE STE 303 PORTLAND, OR 97209

83-0909798

Software ID: Software Version:

> **EIN:** 84-1360071 Name: PORTLAND REGIONAL EDUCATIONAL

TELECOMMUNICATIONS CORPORATION

20,000

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

or government		п аррпсавіе	grant	assistance	other)	11'
ASIAN PACIFIC AMERICAN	81-2970794	501(C)4	21,000			

(q) Description of

(h) Purpose of grant or assistance

CORE SUPPORT

CORE SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation if applicable (hook EM)/ appraisal arant organization

501(C)4

non-cash assistance

(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 (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CAPITA SOCIAL INC 82-1145065 501(C)3 6.000 IEDUCATIONAL VENTURE

103 TARLETON WAY GREER, SC 29650					
LATINO NETWORK ACTION FUND	82-3099013	501(C)4	20,000		CORE SUPPORT

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

410 NE 18TH AVE PORTLAND, OR 97232

(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 (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance NEW MEXICO NOW 82-3753009 501(C)3 3.000 EDUCATIONAL VENTURE

PO BOX 7748 ALBEQUERQUE, NM 87194		(-,-			
OREGON ACTION 700 N KILLINGSWORTH	93-1231908	501(C)4	20,000		CORE S

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

PORTLAND, OR 97217

SUPPORT STREET

(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 (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 61-1491180 501(C)4 15.000 VOTER FILE OREGON PROGESSIVE FUND INC 209 SW OAK ST FIFTH FLOOR PORTLAND, OR 97204

BALLOT INITIATIVE

20.000

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

501(C)4

OREGONIANS UNITED AGAINST PROFILING

PO BOX 42307 PORTLAND, OR 97242 82-5018384

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PCUN 93-1313795 501(C)4 20,000 CORE SUPPORT 300 YOUNG STREET

EMERGENT FUND

ACTION

3,000

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

501(C)4

PROTEUS ACTION LEAGUE

AMHERST, MA 01002

15 RESEARCH DRIVE SUITE B

22-3888268

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

COLOR PAC CORE SUPPORT

PUBLIC COMMUNICATORS INC 2900 WELTON ST STE 300 DENVER, CO 80205	51-0173482	501(C)3	8,600		CORE SUPPORT
THE ADVOCACY FUND	94-3153687	501(C)4	20,000		COLOR PAC CORE

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

SAN FRANCISCO, CA 94129

PO BOX 29198

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

THE OAKLAND FUND 1384 14TH STREET OAKLAND, CA 94607	26-2974684	501(C)4	9,000		EDUCATIONAL VENTURE
WAY TO WIN ACTION FUND	82-5528039	501(C)4	3,000		CORE SUPPORT

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

340 S LEMON AVE 1940 WALNUT, CA 91789

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 934	9328	7017	239		
Schedule J		Compensatio	n Information	ОМ	B No	1545-0	047		
(For	n 990)	For certain Officers, Directors, Trus	stees, Key Employees, and High	hest					
		Compensated ► Complete if the organization answere	d Employees ed "Yes" on Form 990. Part IV.	line 23.	2018				
		► Attach to	Form 990.		pen to Public				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> for ins	structions and the latest inforn	nation.		ectio			
	ne of the organiza			Employer identificat	ion nu	ımber			
	TLAND REGIONAL E ECOMMUNICATIONS			84-1360071					
Pa	rt I Questi	ons Regarding Compensation							
						Yes	No		
1a		piate box(es) if the organization provided any of the ection A, line 1a Complete Part III to provide any re							
			ousing allowance or residence for p						
	_	· —	lyments for business use of persor						
		· · · · · ·	ealth or social club dues or initiation						
	□ Discretion	ary spending account L Pe	ersonal services (e g , maid, chauf	reur, cher)					
b		es in line 1a are checked, did the organization follow Il of the expenses described above? If "No," complet		ent or reimbursement	<b>1</b> b				
2		tion require substantiation prior to reimbursing or a es, officers, including the CEO/Executive Director, re		152	2				
	directors, truste	es, officers, including the CEO/Executive Director, re	egarding the items checked in line	· ia·					
3		f any, of the following the filing organization used to EO/Executive Director Check all that apply Do not a		ne					
	_	d organization to establish compensation of the CEC	•	n Part III					
	✓ Compensa	ition committee	ritten employment contract						
	_ '		ompensation survey or study						
			proval by the board or compensa	tion committee					
4		did any person listed on Form 990, Part VII, Sectio	on A, line 1a, with respect to the fi	ling organization or a					
	related organiza								
a		ance payment or change-of-control payment?			4a		No_		
b c	•	receive payment from, a supplemental nonqualified receive payment from, an equity-based compensat	•		4b 4c		No No		
·		f lines 4a-c, list the persons and provide the applica	<del>-</del>	III	70				
		), 501(c)(4), and 501(c)(29) organizations mu							
5		d on Form 990, Part VII, Section A, line 1a, did the ontingent on the revenues of	organization pay or accrue any						
а	The organization	17			5a		No_		
b	Any related orga	ınızatıon? 5a or 5b, describe ın Part III			5b		No_		
_	•								
6		d on Form 990, Part VII, Section A, line 1a, did the ontingent on the net earnings of	organization pay or accrue any						
а	The organization				6a		No_		
b	Any related orga	inization? 6a or 6b, describe in Part III			6b		No_		
7	•	ba or bb, describe in Part III d on Form 990, Part VII, Section A, line 1a, did the	organization provide any pention	4					
	payments not de	escribed in lines 5 and 6º If "Yes," describe in Part II	II		7		No		
8		nts reported on Form 990, Part VII, paid or accured itial contract exception described in Regulations sec		escribe	8		No		
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the rebuttable pre	esumption procedure described in	Regulations section	9		No_		
For I		ction Act Notice, see the Instructions for Form	990 Cat No 5	0053T Schedule 1		990)	2018		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

			ted on Schedule J, report	= =			<del>-</del>	
instructions, on row (ii)	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII	.,	_	·	
	ns (B		dividual must equal the to					
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 JOHN SCHWARTZ DIRECTOR & PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	169,531	0	0	0	42,258	211,789	0
2 ADAM MILLER COO/SECRETARY	(i)	0	0	0	0	0	0	0
oo o y o de na mini	(ii)	130,984	0	0	0	28,965	159,949	0
3 BARBARA HUNTER CFO	(i)	0	0	0	0	0	0	0
	(ii)	122,595	0	0	0	18,156	140,751	0
	+							
	+							
	+							

Schedule J (Form 990) 2018	Page <b>3</b>					
Part III Supplemental Inform	nation					
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 WHICH WOULD OTHERWISE NOT BE APPLICABLE

SECTION A IS UNDERTAKEN IN FAVOR OF ADDITIONAL TRANSPARENCY GIVEN THE COMPLEXITY OF FILER'S RELATIONSHIPS AND YIELDS A "TRIGGER" FOR THIS

2018 Schedule 1

efile GRAPHI	C print - DO N	OT PROCES	S A	s Filed Data -					DL	N: 93	4932	8701	17239	
chedule L Form 990 or 990	-EZ) ► Comple	te if the orga	anizatio 28b, o	ions with I on answered "Ye r 28c, or Form 9 ttach to Form 99	s" on Form 9 90-EZ, Part V	90, Part IV, li , line 38a or 4	nes 2	5a, 2	25b, 26	5,	<sup>4B No</sup>			
epartment of the Tre		<b>⊳</b> Go te		irs.gov/Form99			n.				)pen	to Pu	blic	
ternal Revenue Serv Name of the org PORTLAND REGION TELECOMMUNICAT	anızatıon							nploy	•	ntifica		e <b>cti</b> c umbe		
		•		501(c)(3), section			ganıza	ations	only)	- a 40h				
	Name of disqual			on Form 990, Part (b) Relationship b			$\overline{}$		escript		(4	) Corr	ected?	
	, Name of alsqua	med person		(b) Relationship b	organization	med person di			ansacti			es	No	
Cor rep (a) Name of	orted an amount	nization answe on Form 990, I (c) Purpose	Part X, I	s" on Form 990-Ez ine 5, 6, or 22 oan to or from the organization?	(e)Original principal amount	(f)Balance due	(g) In default? Approved board committee		h) ved by rd or nittee?	(i)Writter d by agreement		(i)Written ed by agreement		ten ent?
			То	From			Yes	No	Yes	No	Yes		No	
otal					 ▶ \$									
, cai					7									
वार्यम्य Gra			_	terested Perso   "Yes" on Form		l.no 37								
Con	ipiete ii tile org				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iine 27.								
	ested person (l	) Relationship terested perso organizat	n and th	` '	of assistance	(d) Type o	of assi	stanc	e	<b>(e)</b> Pu	rpose o	f assi	stance	
	ested person (l	) Relationship terested perso	n and th	` '			of assi	stanc	e	(e) Pu	rpose c	of assi	stance	
	ested person (l	) Relationship terested perso	n and th	` '			of assi	stanc	e	(e) Pu	rpose d	of assi	stance	
Con a) Name of Inter	ested person (l	) Relationship terested perso	n and th	` '			of assi	stanc	e	(e) Pu	rpose d	of assi	stance	

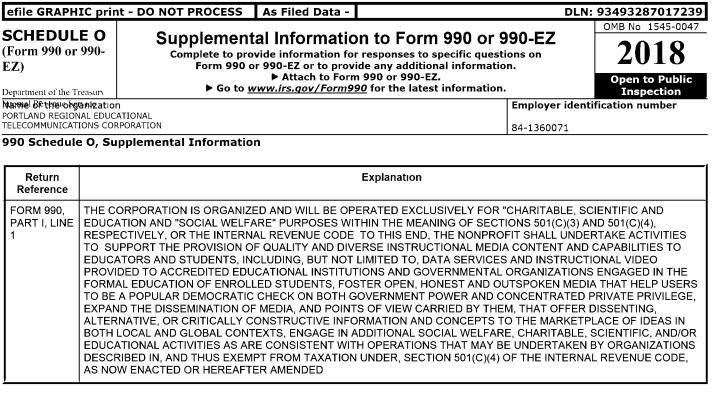
complete if the organization a	111011011011	. 330, rait 11, iiio 200	2, 200, 0, 200,	_	
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Shorganiz	f atıon's
				Yes	No
(1) EBS SUPPORT SERVICES LLC	KEY EMPLOYEES	204,774	REIMBURSEMENT		No
Part V Supplemental Information Provide additional information for		Schedule L (see instruction	ons)		

Part V Supplemental Information Provide additional information		responses to questions or	n Schedule L (see instruction	ons)		
Return Reference Explanation						
SCHEDULE L, PART V - ADDITIONAL INFORMATION	PRETC IS SERVICE ADMINIS THE PRE THEIR TO REIMBUI EMPLOYI KEY EMP BENEFIT	ES A MEMBER OF EBS SUF ES WAS CREATED FOR TI STRATIVE SERVICES TO ESIDENT/CEO OF PRETC IME TO PRETC BUSINESS IRSES EBS SUPPORT SER 'EES THE AMOUNT LISTE PLOYEES ON BEHALF OF TS FOR OTHER SHARED E SPACE, EQUIPMENT, AND	PPORT SERVICES LLC AND HE PURPOSE OF LEASING ITS MEMBERS THE APPOINT THREE KEY EMPLOYEES OF THE COST OF THE AMOUNT LIST EMPLOYEES AS WELL AS RECOTHER OPERATING EXPE	S WHICH ARE ALL NONPROFIT ORG, HAS A 17 33% INTEREST EBS SUIPERSONNEL AND PROVIDING SHAR NTED MANAGER OF EBS SUPPORT SIF EBS SUPPORT SERVICES DEVOTE M MILLER, AND BARBARA HUNTER THE LEASED PERSONNEL, INCLUDIN COMPENSATION AND BENEFITS PAITED ABOVE ALSO INCLUDES SALARY EIMBURSEMENT FOR SUCH ITEMS A ENSES TOTAL AMOUNT PAID TO EBS	PPORT ED SERVICE PART O PRETC NG KEY D TO THI AND AS SHAR S SUPPO	S IS F ESE

SERVICES \$204,774 PERSONNEL COSTS 128,667 PAYROLL TAXES AND BENEFITS 21,454 OTHER

OPERATING COSTS 45,569 RENT 9,084

Schedule L (Form 990 or 990-EZ) 2018



Return Explanation
Reference

FORM 990,	MANAGEMENT SERVICES ARE PROVIDED BY EBS SUPPORT SERVICES LLC PO BOX 6060 BOULDER, COLORADO
PART VI,	80306
SECTION A,	
LINE 3	

Return Explanation
Reference

FORM 990, THE PRESIDENT OF THE CORPORATION MAY DESIGNATE UP TO TWO DIRECTORS
PART VI,
SECTION A,
LINE 7A

Return Explanation
Reference

LINE 8B

FORM 990, THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY PART VI, SECTION A.

Return Explanation
Reference

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 MEMBERS AFTER IT IS FILED SECTION B, LINE 11B

Doturn

Reference	Explanation
FORM 990,	EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER HAS A DUTY TO DISCLOSE TO THE BOARD (OR TO
PART VI,	ANY COMMITTEE OF THE BOARD THAT IS CONSIDERING A DECISION TO WHICH THE CONFLICT APPLIED) THE
SECTION B,	MATERIAL FACTS OF ANY PROPOSED TRANSACTION OR ACTION OF THE ORGANIZATION IN WHICH SUCH
LINE 12C	RESPONSIBLE PERSON HAS ANY CONFLICTS EACH RESPONSIBLE PERSON WHO IS A STAFF MEMBER, HAS A DUTY
	TO DISCLOSE TO THE MANAGER OF EBSSS, LLC AND 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

Evolunation

Return

Reference

Reference	l ·
FORM 990,	ALL SERVICES PERFORMED ARE FROM SHARED EMPLOYEES OF A SHARED SERVICES COMPANY THIS COMPANY
PART VI,	HAS AN OVERSIGHT COMMITTEE MADE UP OF BOARD MEMBERS OF NON-PROFIT ORGANIZATIONS THAT IT SERVES
SECTION B,	THIS OVERSIGHT COMMITTEE HAS BEEN CHARGED BY THE NONPROFIT ORGANIZATION BOARDS TO OVERSEE
LINE 15	PERSONNEL MATTERS INCLUDING EXECUTIVE AND STAFF COMPENSATION STAFF PREPARED AN 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 EMPLOYERS COUNCIL
	MOST RECENT NON-PROFIT/FOUNDATION COMPENSATION, MOUNTAIN STATES EMPLOYERS COUNCIL MOST
	RECENT COLORADO BENCHMARK COMPENSATION, AND MOST RECENT COLORADO NON-PROFIT ASSOCIATION
	SALARY AND BENEFITS SURVEY IN ADDITION, THE SALARY BENCHMARKING REPORT IS PERIODICALLY REVIEWED
	BY AN INDEPENDENT THIRD PARTY CONTRACTOR TO ENSURE THE USE OF PROPER METHODOLOGY AND ETHICAL
	STANDARDS 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

Explanation

Explanation Return Reference

FORM 990. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY. AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST PART VI. SECTION C.

LINE 19

990 Schedule O, Supplemental Information

990	Schedule O,	Supplemental	Information

Return Reference	Explanation
ADDITIONAL INFORMATION	BACKGROUND THESE ADDITIONAL, VOLUNTARY DISCLOSURES ARE INTENDED TO GIVE THE INTERESTED REA DER GREATER INSIGHT INTO PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION D/// A VOQAL PORTLAND ON BEHALF OF A NUMBER OF NONPROFIT ORGANIZATIONS, VOQAL PORTLAND'S PRESI DENT, JOHN SCHWARTZ, LED AN EFFORT TO APPLY FOR WHAT WERE THEN REFERRED TO AS INSTRUCTIONA L TELEVISION FIXED SERVICE (ITFS) LICENSES FROM THE FEDERAL COMMUNICATIONS COMMISSION. THO SE APPLICATIONS WERE ORIGINALLY SUBMITTED IN THE EARLY 1980S MR SCHWARTZ BELIEVED THAT S EPARATE NONPROFIT ORGANIZATIONS WITH LOCAL BOARDS OF DIRECTORS WOULD BETTER SERVE THE SCHO OLS AND COMMUNITIES COVERDED BY THESE LICENSES IN THE END, FIVE NONPROFITS LED BY MR SCHW ARTZ APPLIED FOR AND RECEIVED A TOTAL OF 11 ITFS LICENSES TODAY, JOHN SCHWARTZ REMAINS ON THE BOARD OF THOSE FIVE NONPROFITS, WHICH WILL HEREAFTER BE REFERRED TO AS THE VOQAL NONP ROFITS VOQAL PORTLAND IS ONE OF THOSE FIVE FOR NEARLY TWO DECADES, VOQAL PORTLAND PROVID ED FREE EDUCATIONAL VIDEO PROGRAMMING TO SCHOOLS VIA ITS FCC-LICENSED ITFS STATION WHILE DOING SO, IT SHARED SOME OF ITS OVERNEAD AND ADMINISTRATIVE COSTS WITH THE OTHER FOUR VOQA L NONPROFITS, WHICH WERE PROVIDING VERY SIMILAR SERVICE TO THEIR LOCAL COMMUNITIES THIS A PPROACH RESULTED IN SIGNIFICANT COST SAVINGS, ALLOWING VOQAL PORTLAND TO DELIVER BETTER ED UCATIONAL SERVICE THE SHARING OF PRESONNEL AND OTHER RESOURCES AMONG THE VOQAL NONPROFITS WHICH WERE PROVIDING VERY SIMILAR SERVICE TO THEIR LOCAL COMMUNITIES THIS A PPROACH RESULTED IN SIGNIFICANT THAT TODAY PROVIDES PERSONNEL AND OPERATIONAL SUPPORT TO ALL FIVE VOQAL NONPROFITS TO EXPAND THEIR ABILITY TO FULFILL ITS EDUCATIONAL MISSION AND OTHERWISE BETTER ED UCATIONAL SERVICE THE SHARING OF PROVIDED INTO VARIOUS SPECTRUM USE AGREEMENTS WITH COMMERCIAL TELECOMMUNICATIONS OPERATORS VOQAL ALLOWED COMMERCIAL FIRMS TO USE THEIR ITFS, AND, LATER, EDUCATIONAL BENEFITS SUCH AS HIS PRESED BROODBAND INTERNETS. SECONDAL SAND THEIR ABILITY TO FULFILL ITS EDUCATIONAL SUPPORTS THE PROBLEMS OF S

990	Schedule	Ο,	Supplem	ental	Inform	ation

(

Return	Explanation
Reference	
ADDITIONAL INFORMATION	T EBSSS, LLC, AS WELL AS THE OTHER LIMITED LIABILITY COMPANIES LISTED BELOW, ARE ALL OWNE D EXCLUSIVELY BY THE VOQAL NONPROFITS, THERE ARE NO OTHER OWNERS IN 2013, TO EXTEND THE R ELATIONSHIPS AMONG THE VOQAL NONPROFITS AND TO REDUCE CONFUSION FOR SHARED WORK, EBSSS SEC URED THE "VOQAL" TRADEMARK AND THE FIVE NONPROFITS; INCLUDING VOQAL PORTLAND, ADOPTED THE VOQAL BRAND VOQAL HAS STRIVED TO FULFILL THE MISSION OF EBS, FROM ITS BEGINNINGS PROVIDIN G FREE, ITFS VIDEO TO SCHOOLS TO RECENT EFFORTS TO SUPPORT CHANGE-MAKERS IN EDUCATION. WHI LE SOME VOQAL PORTLAND PROGRAMS SERVE WHAT MANY WOULD CONSIDER TRADITIONAL EDUCATIONAL ENTITIES LIKE K-12 SCHOOLS, VOQAL EMBRACES A BROADER VIEW OF EDUCATION AND AIMS TO ENSURE EQU AL ACCESS TO KNOWLEDGE TO FOSTER A STRONGER, HEALTHIER DEMOCRACY OUR PROJECTS ARE OFTEN A IMED AT THE ROOT CAUSES THAT BAR ACCESS TO KNOWLEDGE BOTH IN AND OUT OF TRADITIONAL BRICK AND MORTAR INSTITUTIONS EXAMPLES OF MORE TRADITIONAL EDUCATIONAL PROJECTS INCLUDE PROVIDI NG SCHOOLS WITH FREE AND HIGHLY SUBSIDIZED INTERNET ACCOUNTS AND MOBILE CITIZEN'S EFFORTS TO ENSURE THAT STUDENTS HAVE ACCESS TO THE INTERNET BOTH AT SCHOOL AND AT HOME VOQAL PORT LAND PROVIDES 6 SCHOOLS IN THE PORTLAND METRO AREA WITH 102 FREE AND 6 SUBSIDIZED HIGH-SPE ED WIRELESS BROADBAND INTERNET ACCOUNTS THE SCHOOLS ARE BOTH PUBLIC AND PRIVATE, SERVICIN G GRADES K-12 THE ACCOUNTS ARE DISTRIBUTED TO BOTH TEACHERS AND STUDENTS ACCOUNTS PLACED WITH STUDENTS ALLOW THOSE STUDENTS TO COMPLETE SCHOOLWORK ONLINE AT HOME FOR ALLOW THOSE STUDENTS TO COMPLETE SCHOOLWORK ONLINE AT HOME THAT MIGHT OTHER WISE HAVE TO BE COMPLETED AT PUBLIC LIBRARIES, COFFEE SHOPS WITH WI-FI ACCESS OR OTHER PLA CES THAT MIGHT TOTHER WISE HAVE TO BE COMPLETED ACCOUNTS IS OVER \$64,000 ANNUALLY THE ESTIMATE THAT THE FAIR MARKET VALUE OF THESE FREE AND SUBSIDIZED ACCOUNTS BY \$4800 IN ADDITION, VOQAL PORTLAND IS PROVED SHATE OWNERS AS AND THE PUBLIC AT LARGE VOQAL PORTLAND LEDCATIONAL OPPORTUNITY PROJECS (FOP) THE EOP AIMS TO MEASURABLY REDUCE EDUCATIONAL OPPORTUNITY G

990	Schedule O,	Supplemental	Information

Return Reference	Explanation
ADDITIONAL INFORMATION	OVERLOOKED BY TRADITIONAL FUNDERS A CHANCE TO ENACT THEIR VISIONS IN FISCAL YEAR 2019, E IGHT INDIVIDUALS WERE SELECTED AS FELLOWS AFTER A RIGOROUS SEARCH PROCESS THEIR PROJECTS FOCUSED ON ISSUES RANGING FROM CIVIC MEDIA TO ONLINE TOOLS VOQAL NONPROFITS COLLECTIVELY SPENT \$310,686 IN THE FISCAL YEAR 2019 PROGRAM WITH VOQAL PORTLAND CONTRIBUTING \$9,900 TO THE PROGRAM VOQAL PORTLAND MAINTAINS A SEPARATE GRANTMAKING PROGRAM IN FISCAL YEAR 2019, VOQAL PORTLAND MADE GRANTS TOTALING \$170,600 TO 11 GRANTEES, INCLUDING ORGANIZATIONS EXEM PT UNDER SECTION 501(C)(3) AND 501(C)(4) OF THE REVENUE CODE THESE GRANTES INCLUDE ORGAN IZATIONS FOCUSED ON SUCH ACTIVITIES AS VOTING MODERNIZATION AND ACCESS, DIGITAL AND YOUTH ORGANIZING, PROGRESSIVE MEDIA EXPANSION AND MEDIA PRODUCTION IN ADDITION TO THE PROJECTS LISTED ABOVE, VOQAL PORTLAND) IS MADE POSSIBLE BY THE VOQAL NONPROFITS' CURRENT SPECTRUM AGREMENTS AND THE BROADBAND INTERNET ACCOUNTS RECEIVED AS PART OF THOSE AGREEME NTS AFTER SEVERAL YEARS OF PROVIDING INTERNET SERVICE INDIVIDUALLY, THE VOQAL NONPROFITS FORMED MOBILE CITIZEN, LLC TO PROVIDE ADMINISTRATIVE SUPPORT FOR THE DISTRIBUTION OF SOME OR ALL OF ITS OWNERS' BROADBAND ACCOUNTS MOBILE CITIZEN, LLC SERVES SCHOOLS, NONPROFIT OR GANIZATIONS AND SOCIAL WELFARE AGENCIES AND HAS FOCUSED MUCH OF ITS EFFORT ON BRIDGING THE DIGITAL DIVIDE MOBILE CITIZEN, LLC SERVES SCHOOLS, NONPROFIT OR GANIZATIONS AND SOCIAL WELFARE AGENCIES AND HAS FOCUSED MUCH OF ITS EFFORT ON BRIDGING THE DIGITAL DIVIDE MOBILE CITIZEN OFFERS ONE OF THE LOWEST COST MOBILE BROADBAND RATE PLANS AVAILABLE TO SCHOOLS, NONPROFIT ORGANIZATIONS AND SOCIAL WELFARE AGENCIES NATIONWIDE, WITH NO DATA CAPS MOBILE CITIZEN WIRELESS BROADBAND SERVICE COSTS APPROXIMATELY ONE-FIFTH THE AMOUNT OF ITS COMMERCIAL EQUIVALENTS AND IS PROVIDED FREE IN SOME CASES IN THE PORTLAND METRO AREA, MOBILE CITIZEN SERVES SCHOOLS AND NONPROFITS THAT PROVIDE SERVICES AS DIVERSE AS WORKFORCE PREPAREDNESS AND FREE COMPUTER TRAINING AND ACCESS PROGRAMS THE MOONEY THESE ORGANIZATIONS SAVE ON

Return Reference	Explanation
ADDITIONAL INFORMATION (CONTINUED)	ANOTHER BENEFIT OF THE CURRENT SPECTRUM AGREEMENT WITH SPRINT IS THE ABILITY, THROUGH CERTAIN PROVISIONS OF THE AGREEMENT, TO ADD ADDITIONAL SPECTRUM AND THUS HELP MAXIMIZE THE EDUCATIONAL POTENTIAL OF OTHER LICENSES INDEPENDENT SPECTRUM, LLC (OWNED IN PART 9 037% BY VOQAL PORTLAND) WAS FORMED TO DO JUST THAT INDEPENDENT SPECTRUM ACCOMPLISHES THIS TASK IN ONE OF TWO WAYS 1) THE DIRECT PURCHASE AND TRANSFER OF AN EBS LICENSE TO AN INDEPENDENT SPECTRUM SUBSIDIARY AND SUBSEQUENT SPECTRUM USE AGREEMENT WITH SPRINT, OR 2) A SPECTRUM USE AGREEMENT WITH THE EBS LICENSEE AND SUBLICENSE OF SPECTRUM RIGHTS TO SPRINT THROUGH THE 25 INDEPENDENT SPECTRUM SUBSIDIARIES FORMED TO-DATE, INDEPENDENT SPECTRUM HAS BEEN ABLE TO PASS THROUGH EDUCATIONAL AND FINANCIAL BENEFITS TO 39 EBS LICENSES THIS "STRENGTH IN NUMBERS" APPROACH ALLOWS EBS LICENSE HOLDERS TO GAIN OPPORTUNITIES THROUGH THEIR SPECTRUM THAT THEY WOULD BE HARD PRESSED TO SECURE DEALING WITH COMMERCIAL OPERATORS ON THEIR OWN AS OF THE END OF THE FISCAL YEAR 2019, EBS LICENSEES CONTRACTING WITH INDEPENDENT SPECTRUM HAVE ACCESS TO OVER NINETEEN THOUSAND FREE BROADBAND INTERNET ACCOUNTS IN THE AGGREGATE OVER THE COURSE OF THE EXPECTED 30-YEAR AGREEMENT TERMS, THE ESTIMATED FINANCIAL VALUE TO THESE EBS LICENSEES IS IN THE TENS OF MILLIONS OF DOLLARS AND REPRESENTS SIGNIFICANT REVENUE STREAMS THAT CAN BE PUT TOWARDS FURTHERING THEIR EDUCATIONAL MISSIONS FROM SMALL, RURAL COMMUNITIES LIKE ALTO, TX TO LARGER MARKETS LIKE MINNEAPOLIS, MN, INDEPENDENT SPECTRUM ASSISTS LICENSEES OF ALL SIZES AND TECHNOLOGICAL SOPHISTICATION TO MAXIMIZE THE BENEFITS OF THEIR EBS SPECTRUM

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493287017239 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization PORTLAND REGIONAL EDUCATIONAL TELECOMMUNICATIONS CORPORATION 84-1360071 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (d) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (g) Name, address, and EIN of related organization Legal domicile (state Direct controlling Primary activity Exempt Code section Public charity status Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2018

(a) Name, address, and EIN of related organization		Primary Lo activity dor (s	rimary Legal Direct	Direct controlling	ect Predominant Solling income(related, tot unrelated, excluded from tax under sections 512-	l, total income		are of Dispropi of-year allocat		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner? L		g ownershi
					514)			Yes	No		Yes I	No	
Identification of Related Organiza because it had one or more related or						  ization ansv	 wered "Yes	" on Fo	orm 9	 90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	L do (state	(c) egal micile or foreign untry)		entity (Cid	(e) pe of entity orp, S corp, or trust)	(f) Share of total Income		(g) of end- year assets	-of- Perce owne	ntage	(1	(I) ection 512( .3) controllentity? Yes No

Schedule R (Form 990) 2018					Page <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes	" on Form 990, Par	t IV, line 34, 35b,	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				1	Yes No
1 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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
<b>h</b> Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related organization(s)				11	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
o Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	
${f r}$ Other transfer of cash or property to related organization(s)				1r	
${f s}$ Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	nsaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	imount inv	olved/
	1	I			

P	Reimbursement paid to related organization(s) for expenses				1p						
q	Reimbursement paid by related organization(s) for expenses				1q						
r	Other transfer of cash or property to related organization(s)				1r						
s	Other transfer of cash or property from related organization(s)				1s						
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
	(a)	_ (b)	(c)	(d)							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining a	amount involved						
		Transaction			amount involved						
		Transaction			amount involved						

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

was not a related organization. See instructions regarding exclus																	
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	of Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
				Yes				Yes	No		Yes	No					
(1)INDEPENDENT SPECTRUM LLC	EDUCATION	СО	ROYALTIES		No	201,975	424,328		No			No	9 100 %				
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