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Form **990** 

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

# Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

04/01, 2009, and ending

2009

OMB No 1545-0047

Open to Public Inspection

03/31, 20 10

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_	Initial	return	type See	Ρ.	O. BOX 6	060	1 -					ł		(303)	53	32-28	52		
_	Termi		Specific Instruc-	С	City or town, state	or country	, and ZIP +	4								-			-
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	Applic	ation	F Na		and address o				SCHWAR	RTZ			-	H(a) Is the	s a gro	oup return		Yes	X No
	pendu				S C ABOVE									affilia H(b) Are a		ates includ	led?	Yes	I No
	Tay-ov	empt stat			501(c) ( <sup>4</sup> )		d no )	4047/	a)(1) or		527			1 ' '		ach a list (s			· _ · · ·
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	_				Corporation	Trust	Associ	ation	Other			L Year	or forma	tion 198	O M	State of	iegai	domicile	
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Š	2	Check	this bo	x 🕨	▶ if the o	rganizatio	n discont	inued its	operation	ns o	disposed of	morequ	an 25%	of its net	asse	ts			
9	3	Numbe	r of vo	ting	members of t	he goverr	nng body (	Part VI,	me 1a)	JUL	A.S 2011	n l.c	SI	<i>.</i> .		. 3			4
es	4	Numbe	r of in	dep	endent voting r	members	of the gov	verning	oody (Part	t VI, li	ne 1b)		d			. 4			3
Activities	5	Total n	umber	of e	employees (Par	t V, line 2a										5			1
Act	6	Total n	umber	of v	volunteers (esti	mate if ne	cessary)		O	GL	EN; U	T				6			0
Ī	7 a	Total gi	ross u	nrel	ated business r	evenue fr	om Part VI	III, colun	nn (C), line	e 12			a		•	7 a		-4	,358
	b	Net uni	related	l bu:	siness taxable	income fro	om Form 9	990-T, lır	ne 34						• • •	. 7b		-4	,358
						-	,							Prior Y		-	С	urrent Y	'ear
	8	Contrib	outions	and	d grants (Part V	/III, line 1h	1)									0.			0
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e Ve	10	Investo	nent ir	con	come (Part VIII, line 2g)  come (Part VIII, column (A), lines 3, 4, and 7d)								•	71	1,3	61.		327	,489
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ens					draising fees (Pa								• - ├─			<u> </u>			
X				_	expenses, Part														710
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					Add lines 13-13											29.			,342
- 10		Revenu	ue less	ex	penses Subtra	ct line 18	from line 1	<u> 2</u>			<u>.</u>			•	2,0				<u>,</u> 765.
s or													E	Beginning				nd of Yo	
Fund Balance	20	Total as	ssets (	Part	X, line 16)									3,356				4 <b>,</b> 226	
38	21			•	art X, line 26)										, 1				,899.
2,5	22	Net ass	sets o	fun	id balances. Si	ubtract line	e 21 from l	line 20.						3,276	5 <b>,</b> 3	63.		4,169	<u>,961</u> .
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		and be	eljef, it	ıs tr	ut, correct, and	complete	Declaratio	n of pre	parer (other	er tha	officer) is f	based or	all info	rmation of	whic	h prepar	er ha	is any kn	owledge
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PAGE 4

Checklist of Required Schedules

Part IV

			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		Х
2	Is the organization required to complete Schedule B, Schodule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			<del>- ``</del>
O	complete Schedule D, Part III			x
•	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		
9				
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
4.0	complete Schedule D, Part V	9		X
10				v
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		3.7	
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			,
	Schedule D, Part VI.			
•	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			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.			
•	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></b>		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
22		22		
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	1		
	employees? If "Yes," complete Schedule J	_23		X
24 a	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 question 25	24a		X
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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	Ì	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	l i		
	If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	20-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Х
	Schedule L, Part N	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		İ	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ĺ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ĺ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		Ţ,	
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
J 1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		, ,		Х
	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_	x	
	19? Note. All Form 990 filers are required to complete Schedule O	38		2000)

Form	990 (2009) 84-0943036			Page 5
	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			- T
	U.S. Information Returns Enter -0- if not applicable			l
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1 c	X	
٥.		16		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1		X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_^	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			1
	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3 a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		_	
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ĺ
u	and services provided to the payor?	7a		<del>-</del>
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,		
·	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ĺ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		<u> </u>
10	Section 501(c)(7) organizations. Enter			l
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them )			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	~ -	 
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent			
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		X
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	_	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	_4_		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	_8a	Х	<u></u>
b	Each committee with authority to act on behalf of the governing body?	_8b		Х
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	9a		X
	ion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)		Yes	No
4.0		40-	162	X
	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11		Х
114	form?	- 1		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
U	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Χ
	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	_X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
<del></del>	the organization's exempt status with respect to such arrangements?	16b		<u>X</u>
Sect	ion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	s only)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization   HAZEL J. BOLSOVER 655 SOUTH SUNSET STREET, SUITE A LONGMONT, CO	i <b>e</b> ദേവടർ	3.1	
	303-532-2852		<u>-</u>	<b>-</b>

# 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. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	M Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ROGER WADE										
DIRECTOR	2.00	Х						0.	0	0
NANCY SANDERS DIRECTOR	2.00	Х						0.	0	0
JOE PEZZILLO TREASURER, DIRECTOR	2.00	Х		Х				0.	0.	. 0
JOHN SCHWARTZ PRESIDENT, DIRECTOR	5.00	Х		Х				13,334.	0 .	. 0
ADAM MILLER SECRETARY	6.00			Х				10,502.	0	0
	_						_			
				-						

Form 990 (2009)

Part VII Section A. Officers, Directors, True	istees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employee	s (conti	nued)	
(A)	(B)			(6	C)			(D)	(E)		(F)	
Name and title	Average hours per week	<del>-</del>	institutional	Officer		that app Highes	Former	Reportable compensation from	Reportable compensation from related		Estimal amount other	t of
		Individual trustee or director	tional trustee	7	Key employee	Highest compensated employee	Y	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	(C)	ompens from the organization and relation organization	ne ition ited
											-	
1b Total	<u> </u>	<u></u> .					<b>&gt;</b>	23,836.		0		0 .
Total number of individuals (including but not reportable compensation from the organization)	_	hose I		d al	bov	e) who	re	ceived more than	\$100,000 in		1	1
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or or	tru	ste	e, I	кеу е	mp	loyee, or highest	t compensated	ı [	Yes	S No X
4 For any individual listed on line 1a, is the	sum of	repor	tabl	e c	om	pensa	tior	and other comp	pensation from	, [	B	1
the organization and related organizations individual										4		X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											<u> </u>	Х
Section B. Independent Contractors			ــــــــــــــــــــــــــــــــــــــ		٠ ١			tore that are a con-	d	1400.0	NO -4	
Complete this table for your five highest compensation from the organization	compensat	.ea in	аер 	enc	ent	cont	rac		more than :			
(A) Name and business adda	ess							(B) Description of ser	vices		(C) ensation	1
2 Total number of independent contractors (in	icluding bu	ut not	lım	nite	d to	thos	e li	sted above) who	received			
more than \$100,000 in compensation from the						0		, 				

Pai	rt VII	Statement of Revenue	9			84-0943036		
	,	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts,	1ā b c d e f	Federated campaigns Membership dues	1b 1c 1c 1d 1d 1e 1s) 1f		-		<b>Б</b> .	
ခဲ့ ငိ	g h	Noncash contributions included in lin  Total. Add lines 1a-1f			0			
Te e	<u></u>			Business Code				
Program Service Revenue	2a b c d							
ogr	f	All other program service revenu						
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2f  Investment income (including did other similar amounts) ATT	ividends intere	est and	41,860			41,860
	4	Income from investment of tax-			0			
	5	Royalties · · · · · · · · · · · · · · ·	(ı) Real	▶	343,808			343,808
	6a b c	Gross Rents		(II) Personal	-	e man in a shear a a in a season r	3	
	d	Net rental income or (loss)	ı) Securities	(ii) Other	0		,	
	7a	Gross amount from sales of assets other than inventory	1,571,321	(ii) Other		A.	*	
	b c d	Less cost or other basis and sales expenses	1,285,692 285,629		285,629		*	
as	8a		Iraising		200,020			
Other Revenue	b	events (not including \$ of contributions reported on line See Part IV, line 18 Less direct expenses	1c) a				3	
ŏ	С	Net income or (loss) from fundra	ising events .	<u> ▶</u>	0	**		
	9 a	Gross income from gaming active See Part IV, line 19				<u>*</u>	,	
	b	Less direct expenses			*	*	*	
	10a	Net income or (loss) from gamin Gross sales of inventory,	1	<u></u> ▶		,		
	b	returns and allowances Less cost of goods sold						
	С.	Net income or (loss) from sales of Miscellaneous Revenue		Business Code	0			
	11a	RESCINDED GRANTS			6,168			6,168
	ь	PARTNERSHIP INCOME - EBS SUP	PORT SERVICE	561000	2,051		2,051	
	C	PARTNERSHIP LOSS - FREE SPEE		517000	-6,409		-6,409	
	d	All other revenue	[					
	e	Total. Add lines 11a-11d · · ·		▶	1,810			
	12	Total Revenue. See instructions		<u></u> .▶	673,107		-4,358	391,836

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

				olete columns (B), (C), a	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	99,963.	99,963.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
-	trustees, and key employees	23,836.		23,836.	
6	Compensation not included above, to disqualified				<del> </del>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,688.	1,688.		
	Pension plan contributions (include section 401(k)	_,			
8	and section 403(b) employer contributions)	0.			
<b>.</b>	Other employee benefits	0.			
9	· · ·	143.	143.		
0	Payroll taxes	7.7.	143.		
1	Fees for services (non-employees)	0.			
	Management	8,521.		8,521.	
	Legal	3,394.		3,394.	<del></del>
	Accounting	3,394.		3,394.	
d	Lobbying				
	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.		271	
g	Other	371.		371.	
2	Advertising and promotion	0.			
3	Office expenses	389.		389.	
4	Information technology	0.			
5	Royalties	0.			
6	Occupancy	0.			
7	Travel	16,964.	16,964.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
9	Conferences, conventions, and meetings	3,864.	3,864.		
0	Interest	0.			
1	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	3,570.	3,570.		
3	Insurance	3,359.	2,785.	574.	
4	Other expenses Itemize expenses not				
-	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
_	EBS PERSONNEL SHARED COSTS	65,183.	41,475.	23,708.	
	RESEARCH AND DEVELOPMENT	23,042.	23,042.		
_	EBS LONGMONT SHARED COSTS	16,727.	10,705.	6,022.	<del></del>
_	ENGINEERING EXPENSE	16,727.	16,570.	0,022.	
_	<u></u>				
е	MEDIA INCUBATOR - PHILANTHRO	12,713.	12,713.	4 010	
f	All other expenses	35,045.	30,226.	4,819.	_ <del></del> .
	Total functional expenses. Add lines 1 through 24f	335,342.	263,708.	71,634.	· · · · · · · · · · · · · · · · · · ·
6	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	96,789.	1	9,257.
ļ	2	Savings and temporary cash investments	163,954.	2	172.571.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<del></del>	4	<del></del>
	5	Receivables from current and former officers, directors, trustees, key	·		
		employees, and highest compensated employees. Complete Part II of	=		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SSI	8	Inventories for sale or use		8	<u> </u>
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or 10a 90,563.	•		
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	11,877.	100	15,625.
	11	Investments - publicly traded securities	336,585.		465,687.
	12	Investments - other securities See Part IV, line 11	2,746,771.		3,563,166.
	13	Investments - program-related See Part IV, line 11		13	-,,
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	554.	15	554.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,356,530.		4,226,860.
$\overline{}$	17	Accounts payable and accrued expenses	80,167.	17	56,899.
1	18	Grants payable		18	
	19	Deferred revenue		19	-
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<b>.</b> .	22	Payables to current and former officers, directors, trustees, key			
賣		employees, highest compensated employees, and disqualified			
. <u>e</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<u>-</u>	23	· · · · · · · · · · · · · · · · · · ·
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities Complete Part X of Schedule D		25	
- 1	26	Total liabilities Add lines 17 through 25	80,167.		56,899.
		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.		20	
اع	27	Unrestricted net assets	3,276,363.	27	4,169,961.
펿	28	Temporarily restricted net assets	···································	28	<del></del>
9	29	Permanently restricted net assets	····	29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ا ب	33	Total net assets or fund balances	3,276,363.	33	4,169,961.
- 1	34	Total liabilities and net assets/fund balances	3,356,530.	34	4,226,860.
-	<del></del>	The state of the second state balances,	=,000,000.	77	

Form **990** (2009)

Page 1	2
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Form	990	(2009)
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Pa	Financial Statements and Reporting			
	- <del> </del>		Yes-	No-
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
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	3ь		

Form **990** (2009)

## **SCHEDULE D** (Form 990).

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

► Attach to Form 990. ► See separate instructions. Name of the organization

**Employer identification number** 

DEV	IVER AREA EDUC. TELECOMM. CONSORT.			84-09	943036	
Pai	the organization answered "Yes" to Form			s or Accounts.	Complete if	
		(a) Donor adv	vised funds	(b) Fund	s and other account	s
1	Total number at end of year					
2	Aggregate contributions to (during year)					-
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor ac	lvisors in writing that	the assets held	in donor advised		
	funds are the organization's property, subject to the				Yes	No
6	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the be	nd donor advisors in venefit of the donor or	writing that grant donor advisor, o	funds can be or for any other		
	purpose conferring impermissible private benefit?	<u> </u>	<del> </del>		Yes	No_
Pai	rt    Conservation Easements. Complete if	the organization an	swered "Yes"	to Form 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check a	ll that apply)			
	Preservation of land for public use (e.g., recreation	ation or pleasure)	Preservat	on of an historica	ally important land	area
	Protection of natural habitat		Preservat	on of a certified l	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	ld a qualified conser	vation contribution	on in the form of a	a conservation	
	easement on the last day of the tax year				=	
				· · · · · · · · · · · · · · · · · · ·	at the End of the	Year
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified h				<del></del>	
d	Number of conservation easements included in (c)					
3	Number of conservation easements modified, trans	sterred, released, ext	inguished, or te	minated by the or	ganization during	
	the tax year ▶					
4	Number of states where property subject to conser				_	
5	Does the organization have a written policy regarding					٦
•	violations, and enforcement of the conservation eas					No
6	Staff and volunteer hours devoted to monitoring, in:	specting, and enforci	ng conservation	easements during	g tne year	
7	Amount of expenses incurred in monitoring, inspect					
7	S	ing, and emorcing co	onservation ease	ements during the	year	
8	Does each conservation easement reported on line	2(d) above satisfy th	o roquiromonto	of continu		
0	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• •	•		Yes	No
9	In Part XIV, describe how the organization reports of					NO
9	balance sheet, and include, if applicable, the text of			•	•	
	the organization's accounting for conservation ease		organization's in	ianciai statements	triat describes	
Pai	t III Organizations Maintaining Collections		reasures, or O	ther Similar As	sets.	
	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 8.			
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	d for public exhibition	<ul> <li>n. education, or</li> </ul>	research in furth	I balance sheet where sheet where	orks of service,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these item	or public exhibition, is	education, or i	esearch in furthe	erance of public	service,
	(i) Revenues included in Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$	
2	If the organization received or held works of an	, historical treasures	s, or other simi	lar assets for fir	nancial gain, prov	ride the
	following amounts required to be reported under SF	_				
а	Revenues included in Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X				▶\$	

P ar	Organizations Maintaini	ng Colle	ections o	T Art, miste	oricai	reasure	s, or	Otner Similar A	Assets (C	continue	a) 
3	Ùsing the organization's acquisition	n, accessi	on, and o	ther record	s, che	ck any of t	he foll	owing that are a	significar	nt use of it	s
	collection items (check all that app	ly)									
ą	Public exhibition			d [	7	Loan or ex	chang	ge programs			
b	Scholarly research			е	٦	Other					
С	Preservation for future ge	enerations		_							
4	Provide a description of the organi	zation's co	ollections	and explain	how :	they further	r the c	rganization's ex	empt pur	pose in	
	Part XIV										
5	During the year, did the organization	on solicit o	or receive	donations	of art,	historical t	reasu	res, or other simil	ar		
	assets to be sold to raise funds rat	her than to	o be maır	ntained as p	art of	the organiz	zation'	s collection?	٠٠٠٠ [	Yes	No
Pai	t IV Escrow and Custodial A						n ans	wered "Yes" to	Form 99	0, Part	
	IV, line 9, or reported ar	amoun	t on Forn	n 990, Par	t X, III	ie 21.					
1a	Is the organization an agent, truste	e, custod	an or oth	er intermed	liary fo	r contributi	ions o	r other assets no	ot		
	included on Form 990, Part X?								_	Yes	No
b	If "Yes," explain the arrangement in	Part XIV	and com	plete the fo	llowing	g table			L.		
	•							A	mount		
С	Beginning balance						1c	-			*
d	Additions during the year						1d			•	
е	Distributions during the year						$\vdash$	<del></del>		•	
f	Ending balance						$\overline{}$				
	Did the organization include an am								T	Yes	No
	If "Yes," explain the arrangement in			,							Ш
	t V Endowment Funds. Con			ation answ	ered '	Yes" to Fo	orm 9	90. Part IV. line	<u>10.</u>		<del></del>
		(a) Curre		(b) Prior y		(c) Two ye				(e) Four	years back
1 a	Beginning of year balance									, ,	<u></u>
	Contributions										-
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities .							1			<del></del>
_	and programs										
f	Administrative expenses								<del></del>		
g	End of year balance			<del></del>					-		
2	Provide the estimated percentage	of the yes	er and hal	ance hold as		<u> </u>			<u></u>	l	
a	Board designated or quasi-endown		ii Chu bai	%	•						
b	Permanent endowment	——————————————————————————————————————		′6							
	Term endowment ▶	<del>%</del>									
	Are there endowment funds not in		ession of	the organiz	ation t	hat are hel	d and	administered for	the		
- u	organization by.	trie possi	ession or	ine organiz	alion	ilat ale liei	u anu	administered for	uic	[S	es No
	(i) unrelated organizations									3a(i)	65 140
	(ii) related organizations									3a(ii)	
h	If "Yes" to 3a(II), are the related org									3b	
4	Describe in Part XIV the intended i	•		•						30	
	t VI Investments - Land, Buil						rt X. I	ine 10.		-	
	Description of investment		(a) Cost	or other basis	(b	) Cost or othe		(c) Accumulated	((	d) Book valu	ie
			(inve	estment)	_	basis (other)		depreciation			
1a	Land	}					_				
b	Buildings	}					_				
С	Leasehold improvements										
d	Equipment			90,563	1	90,5	63	74,938		1	5,625.
е											
Tota	I. Add lines 1a through 1e (Column	(d) must	equal Fo	rm 990, Part	X, coi	lumn (B), lir	ne 10(d	<i>:).).</i> ▶		1	5,625.
				<del></del>					Sched	ule D (Forr	n 990) 2009

Part VII	Investments - Other Securities. See	e Form 990, Part X, line	e_12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
Financial of	derivatives			
Closely-he	ild equity interests			
OtherIND	EPENDENT SPECTRUM, LLC	299,916.	COST	
	SUPPORT SERVICES, LLC	16,254.	COST	<u>-</u>
	E SPEECH MEDIA, LLC	16,234.	COST	
FID	ELITY INVESTMENTS	3,230,762.	FMV	
		·- <del> </del>		
				<u>-</u>
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 3,563,166.		<del></del>
	Investments - Program Related. See		- 13	<del></del>
T are viii	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	(2) Decemped of investment type	(b) Book fallo	Cost or end-of-year mark	
		-		
	nn (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX	Other Assets. See Form 990, Part >	K, line 15.	1000	
		(a) Description		(b) Book value
		<del></del>		
		<del></del>		
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		···	····	
		<del></del>	<del>-</del>	
Total, (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Par			
1.	(a) Description of liability	(b) Amount		
Federal in	come taxes		<b>\$</b>	
-				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part 1	e D (Form 990) 2009	84-0943036			Pa
4				S	
	Total revenue (Form 990, Part VIII, column (A), line 12)		. 1		
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments			<u> </u>	
5	Donated services and use of facilities		. 5		
6	Investment expenses				
7	Prior period adjustments		. 7		
8	Other (Describe in Part XIV )		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	. 10		
Part	XII Reconciliation of Revenue per Audited Financial Statements W				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		[		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIV )	2d			
e	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·		3	
_		40	ŀ		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Departs in Part VIII.)				
b	Other (Describe in Part XIV )			4 -	
_ 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	
	Reconciliation of Expenses per Audited Financial Statements V	vith Expenses per			
1			}-	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
a	Donated services and use of facilities	2a		}	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)				
e	Add lines 2a through 2d		🗀	2e	
	Cubination to a from the 4		1		
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
4		4a			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
4 a b	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	4a 4b			
4 a b c	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4a 4b		3	
4 a b c	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	4a 4b		3 4c	
4 a b c 5 Part Complind 2b	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	dat III, lines 1a and 4, t XIII, lines 2d and 4b	Part IV,	4c 5	
4 a b c 5 Part compleded	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIV Supplemental Information ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part it to provide any additional information	da db	Part IV,	4c 5 , lines 1b implete	
4 a b c 5 Part Complind 2b	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIV Supplemental Information ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P 9, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part rt to provide any additional information	da db da da da da da da da da da da da da da	Part IV, Also co	4c 5 lines 1b emplete	
4 a b c 5 Part Compliand 2b	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIV Supplemental Information ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part it to provide any additional information	da db da da da da da da da da da da da da da	Part IV, Also co	4c 5 lines 1b emplete	
4 a b c 5 Part Complind 2b	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIV Supplemental Information ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P 9, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part rt to provide any additional information	da db data data data data data data data	Part IV, Also co	4c 5	
4 a b c 5 Part Complind 2b	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIV Supplemental Information ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Po, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part rt to provide any additional information	da db dart III, lines 1a and 4, t XIII, lines 2d and 4b	Part IV, Also co	4c 5 lines 1b implete	

Part XIV Supplemental Information (continued)

#### SCHEDULE D (Form 1041)

# **Capital Gains and Losses**

TELECOMM. CONSORT.

OMB No 1545-0092

**Employer identification number** 

84-0943036

 Department of the Treasury Internal Revenue Service Name of estate or trust

DENVER AREA FOUC.

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Note: Form 5227 filers need to complete only  Part I Short-Term Capital Gains and		Held One Ye	ar or Less			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a				-		
				<del> </del>		
<b>b</b> Enter the short-term gain or (loss), if an	y, from Schedule D	-1, line 1b			1 b	285,629.
2 Short-term capital gain or (loss) from Fo	orms 4684, 6252,	6781, and 882	4		2	
3 Net short-term gain or (loss) from partn	ershins Sicornora	tions, and other	estates or trusts		3	
4 Short-term capital loss carryover Enter	the amount, if any	, from line 9 of	the 2008 Capital Los	s		
Carryover Worksheet		ın column (f)			4	
column (3) on the back	<u> </u>		<del> </del>	•	5	285,629.
Part II Long-Term Capital Gains and Los  (a) Description of property	(b) Date acquired	(c) Date sold		(e) Cost or other t		(f) Gain or (loss) for
(Example 100 shares 7% preferred of "Z" Co )	(mo , day, yr )	(mo , day, yr )	(d) Sales price	(see page 4 of t instructions)		the entire year Subtract (e) from (d)
6a						
						. , , ,
				<u> </u>		<del></del>
<b>b</b> Enter the long-term gain or (loss), if any	, from Schedule D-	1, line 6b			6b	- 1
7 Long-term capital gain or (loss) from Fo	rms 2439, 4684, (	6252, 6781, an	d 8824		7	
8 Net long-term gain or (loss) from partne	rships, S corporati	ons, and other	estates or trusts		8	
9 Capital gain distributions					9	<u> </u>
10 Gain from Form 4797, Part I					10	
11 Long-term capital loss carryover Enter	the amount, if any	, from line 14 o	f the 2008 Capital Los	ss		
Carryover Worksheet	nes 6a through 11		Enter here and on lin	ne 14a	11	( )
column (3) on the back	•	` '			12	
or Panerwork Reduction Act Notice, see the Inc						D (Form 1041) 2000

$\overline{}$	ule D (Form 1041) 2009						Page
Par				eficiaries'	(2) Es		(3) Total
	Caution: Read the instructions before completing this p	oart.	(see	page 5) -	- or tru	ıst's	
13	Net short-term gain or (loss)	13					285,629
	Net long-term gain or (loss):						
2		14a					
		14b					
С	•	14c			<u> </u>		
	<b>*</b> ' ' '	15					285,629
	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fori						
	t V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part	art IV a	and the Cap	ontai Loss Car	ryover won	sneet, as	necessary
Par						<del></del>	<del></del>
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa			• •			
a Note	The loss on line 15, column (3) or b \$3,000	: : :			34	16 (	andata the Canital Lan
Сатус	over Worksheet on page 7 of the instructions to figure your capital loss carryover	, i, iin	e 22 (or F	orm 990-1, II	пө 34), is a	ioss, con	npiete the Capital Loss
Par	V Tax Computation Using Maximum Capital Gains Rates	<u>s</u>					
Form	1041 filers. Complete this part only if both lines 14a and 15 in colui	mn (2	) are gair	s, or an an	nount is er	itered in	Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more						
	on: Skip this part and complete the worksheet on page 8 of the instruc	tions	ıf:				
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or						
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			luft - al - al al -			
of Fo	990-T trusts. Complete this part only if both lines 14a and 15 are firm 990-T, and Form 990-T, line 34, is more than zero. Skip this part.	gain tand	s, or qua	iitiea aiviae a the worke	ends are in	iciuaea	In income in Part i
	r line 14b, col (2) or line 14c, col (2) is more than zero.	Cana	Complete	S CITE WOLKS	sileet on p	age o o	n the metrocions in
		4)	47			I I	
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	+) .	17		-		
	Enter the smaller of line 14a or 15 in column (2) but not less than zero						
	but not less than zero		···				
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) 19						
	Add lines 18 and 19						
	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0 21						
	Subtract line 21 from line 20 If zero or less, enter -0-		22				
		• • •	· · <del> </del>				
23	Subtract line 22 from line 17 if zero or less, enter -0	• • •	23			}	
23	Subtract line 22 from line 17 If zero or less, enter -0		23				

Schedule D (Form 1041) 2009

30

33

25

26

29

30

Enter the smaller of the amount on line 17 or \$2,300 . . . . . . . . .

Subtract line 25 from line 24

Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22

Enter the amount from line 26 (If line 26 is blank, enter -0-)

Multiply line 29 by 15% ( 15)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Is the amount on line 23 equal to or more than the amount on line 24?

Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.

No. Enter the amount from line 23

Are the amounts on lines 22 and 26 the same?

25

### SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041):

2009

OMB No 1545-0092

 Department of the Treasury Internal Revenue Service ► See instructions for Schedule D (Form 1041). 

Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

DENVER AREA EDUC. TELECOMM. CONSORT.

Employer identification number

84-0943036

Part I Short-Term Capital Gains an		to Hold One Year		84-0943036	
				(-) (	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a GAIN ON SALE OF SAFE HAVEN INVESTMENTS	01/07/2009	10/07/2009	1,542,448.	1,260,000.	282,448.
GAIN ON SALE OF CLEARWIRE	02/01/2000		2,012,1101	1/200/0001	
RIGHTS	VARIOUS	VARIOUS	28,873.	25,692.	3,181.
				,	
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Alt. Teleficonolinia di constituito della constituita di constitui					205 620

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b.

285,629.

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

5-0047	6
OMB No 154	200

Open to Public

Employer identification number 84-0943036

	Governments, and Individuals in the United States	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	
Name of the organization	Employer	Employer identifical
DENVER AREA EDU	DENVER AREA EDUC. TELECOMM. CONSORT.	84-094303
Part   General Info	Part I General Information on Grants and Assistance	
1 Does the organizat	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tance, and
the selection criteria used to award	ia used to award the grants or assistance?	•
2 Describe in Part IV	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Y	swered "Y

selection criteria used to award the grants or assistance?
scribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed · · · · · · · · · · · · · · · · ·

rait iv and scriedule i-1 (Form 990) il additional space is needed	SSO) II AUGIIIC	ilal space is r	leeded				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KGNU / BOULDER COMMUNITY BROADCAST ASSOC , 4700 WALNUT STREET BOULDER, CO 80301	84-0690097	501 (C) (3)	11.175				MEDIA
PUBLIC COMMUNICATORS, INC. P O. BOX 44099 DENVER, CO 80201-4099	51-0173482	501(C)(3)	36,583				MEDIA
TRUTHOUT P O BOX 276414 SACRAMENTO, CA 95827	20-0031641	501(C)(3)	15,000				MEDIA
PUBLIC COMMUNICATORS, INC. P O BOX 44099 DENVER, CO 80201-4099	51-0173482	501(C)(3)	23,740				MEDIA
		-					
2 Enter total number of section 501(c)(3) and government organizations	and governmer	t organizations				•	3

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Scheller Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

V 09-7

10:39:59 A

Schedule I (Form 990) 2009

Schedule I (F	Schedule I (Form 990) 2009			84-0943036			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in the 1990) if addition	in the United States.	. Complete if the ded.	organization answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ed.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Part IV	Supplemental Information. Complete this pa	te this part to	provide the info	rt to provide the information required in Part I, line 2,		and any other additional information.	
PROCEDURES	FOR MONITORING THE USE	OF GRANT F	FUNDS IN THE	. U.S.			!
SCHEDULE	LE I, PART I, LINE 2						 
WHILE T	THE ORGANIZATION DOES NOT HA	HAVE A COMPI	MPLETE PROCESS	IN PLACE FOR	8		1
GRANTS	GRANTS AWARDED, IN THE CASE OF APP	APPLICANTS W	WITH WHOM THE	ORGANZIATION	N HAS		!
A FORMA	A FORMAL GRANT AGREEMENT, THE AGRE	AGREEMENT OUTI	OUTLINES WHEN T	THE PAYMENTS	ARE TO		1
BE_MADE_	E AND USUALLY REQUIRE THE GRANTEE	TO I	SUBMIT, IN D	DETAIL, HOW THEY	HEY		
USED TH	THE FUNDS IN A NARRATIVE OF T	THE WORK.	THE REPORTS	ARE THEN	REVIEWED		 
BY ONE	OR MORE STAFF MEMBERS; AND	LIE_THERE	IS_ANY_DISCR	DISCREPANCY, THE	<u>EINAL</u>		 
PAYMENT	PAYMENT WOULD NOT BE MADE UNTIL THE	E_PROBLEM	HAS	BEEN CORRECTED.			
)   							

# SCHEDULE O (Form 990):\_

## **Supplemental Information to Form 990**

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Inspection
Employer identification number

- Attaon to Form

Name of the organization

DENVER AREA EDUC. TELECOMM. CONSORT.

ATTACHMENT 1

84-0943036

REVIEW PROCESS OF FORM 990

PART VI, LINE 11

THE 990 IS REVIEWED BY THE ORGANIZATION'S ACCOUNTANTS, BUSINESS MANAGER AND AT LEAST ONE CORPORATE OFFICER.

AVAILABILITY OF THE ORGANIZATION'S DOCUMENTS TO THE PUBLIC

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

PART VI, LINE 8B

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

MONITORING AND ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

EACH RESPONSIBLE PERSON WHO IS A DIRECTOR OR OFFICER OF DAETC HAS A DUTY TO DISCLOSE TO THE BOARD (OR TO ANY COMMITTEE OF THE BOARD THAT IS CONSIDERING A DECISION TO WHICH THE CONFLICT APPLIES) THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OR ACTION OF DAETC IN WHICH SUCH RESPONSIBLE PERSON HAS ANY CONFLICTS. EACH RESPONSIBLE PERSON WHO IS A DAETC STAFF MEMBER, HAS A DUTY TO DISCLOSE TO THE BUSINESS MANAGER OF DAETC AND HIS/HER IMMEDIATE SUPERVISOR THE MATERIAL FACTS OF ANY PROPOSED

Name of the organization

DENVER AREA EDUC. TELECOMM. CONSORT.

\_Employer identification number 84-0943036

ATTACHMENT 1 (CONT'D)

TRANSACTION OF DAETC IN WHICH SUCH PERSON HAS ANY CONFLICT. A REPONSIBLE 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 WITH THE ORGANIZATION.

ATTACHMENT 2

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR "CHARITABLE, SCIENTIFIC AND EDUCATIONAL" AND "SOCIAL WELFARE" PURPOSES WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY, OF THE INTERNAL REVENUE CODE. TO THIS END, THE NONPROFIT SHALL UNDERTAKE ACTIVITIES TO:

- SUPPORT THE PROVISION OF QUALITY AND DIVERSE INSTRUCTIONAL MEDIA CONTENT AND CAPABILITIES TO EDUCATORS AND STUDENTS, INCLUDING, BUT NOT LIMITED TO, DATA SERVICES AND INSTRUCTIONAL VIDEO;
- FOSTER OPEN, HONEST AND OUTSPOKEN MEDIA THAT HELP USERS TO BE A POPULAR DEMOCRATIC CHECK ON BOTH GOVERNMENT POWER AND CONCENTRATED PRIVATE PRIVILEGE;
- EXPAND THE DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM, THAT OFFER DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE INFORMATION AND CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND GLOBAL CONTEXTS;
- ENGAGE IN ADDITIONAL SOCIAL WELFARE, CHARITABLE, SCIENTIFIC, AND/OR EDUCATIONAL ACTIVITIES AS ARE CONSISTENT WITH OPERATIONS THAT MAY BE UNDERTAKEN BY ORGANIZATIONS DESCRIBED IN, AND THUS EXEMPT FROM

Schedule O (Form 990) 2009

Page 2

Name of the organization DENVER AREA EDUC. TELECOMM. CONSORT. Employer identification number --84-0943036-

ATTACHMENT 2 (CONT'D)

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TAXATION UNDER, SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, AS NOW ENACTED OR HEREAFTER AMENDED.

FORM 990, PART VIII - INVESTMENT I	NCOME		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	12,017			12,017
DIVIDEND INCOME	29,843			29,843
TOTALS	41,860			41,860
FORM 990, PART X - INVESTMENTS - P	UBLICLY TRAD	ED SECURITIES	ATTACHMENT 4	

DESCRIPTION CLEARWIRE STOCK

TOTALS

ENDING ENDING BOOK VALUE

COST OR FMV

465,687.

465,687.

FMV

Schedule O (Form 990) 2009