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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

_	Can Aba	00401		mapeddo.
A	For the	2010 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identifi	ication number
		Southern Colorado Educational TV		
	Addres	S Consortium		
	Name change	Doing Business As	74-2	499929
F	Initial	Number and street (or P 0 box if mail is not delivered to street address)  Room/s	<del></del>	
Ë	Termin	· · · · · · · · · · · · · · · · · · ·		5)520-2972
$\vdash$	√ated \Ameno			231,253.
$\vdash$	Iretum Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	
Ц	tron pendin	colorado springs, co dojos	H(a) Is this a group r	
		F Name and address of principal officer: Rex Gallison	for affiliates?	Yes X No
		711 E San Rafael St, Colorado Springs, CO	8 H(b) Are all affiliates in	cluded? Yes No
1	Tax-exe	empt status X 501(c)(3) 501(c) ( ) ( ( ) ( ( ) 10 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	527 If "No," attach a	a list. (see instructions)
J	Websit	e: ► N/A	H(c) Group exemption	_
				M State of legal domicile CO
	art I	Summary	rour or roundation _ = 5	otato or logar dominio
		Briefly describe the organization's mission or most significant activities: Video Te	ahnology Info	rmational
côt	i 1		cimorogy into	Tillactonat
-Ş		Resource	<del> </del>	
Ë	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of r	nore than 25% of its net a	_
Š,	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
O,	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
ŝ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
景	70		<del></del>	0.
Z	, /a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
4	Ь	Net unrelated business taxable income from Form 990:T, tine 34	7b	<del> </del>
Revenue SC/A[Activities & Governance]	3	1	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  NAY 1 6 2011	226,011.	230,084.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,342.	1,169.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column A), line 12)	227,353.	231,253.
			120,000.	140,000.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	<del></del>
		Benefits paid to or for members (Part IX, column (A), line 4)		0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f·24f)	144,279.	171,970.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	264,279.	311,970.
	1	Revenue less expenses. Subtract line 18 from line 12	<36,926.	
es		Totalide loss superioses, costitues into 18 Halli lino 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances		Total and star (Dart V. line 40)	575,175.	494,458.
SSE	20	Total assets (Part X, line 16)		<del></del>
2 t	21	Total liabilities (Part X, line 26)	0.	0.
		Net assets or fund balances. Subtract line 21 from line 20	575,175.	494,458.
P	art II	Signature Block		· · · · · · · · · · · · · · · · · · ·
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	ny knowledge and belief, it is
true	, correc	t, and complete_Declaration of preparer (other than officer) is based on all information of which prej	parer has any knowledge	
_		Ka & Value	5/10/	11
Sig	ın İ	Signature of officer	Date	··
		Rex Garrison, President		
He	e	Type or print name and title	<del></del>	
			Date Check	PTIN
		Print/Type preparer's name Preparer's signature	ا ایرین حال	<b>-</b>
Pau	ď	Thomas G. Sistare	Self-employ	ed [
Pre	parer	Firm's name  Hoelting & Company, Inc.	Firm's EIN	
Use	Only	Firm's address 320 Prairie Road		
	-	Colorado Springs, CO 80909	Phone no 7	19-630-1091
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		Yes X No
	001 02-2		<del> </del>	Form <b>990</b> (2010)
W21	: 02-2			

Form **990** (2010)

orm	n 990 (2010)	Consortium		74-2499929 Page <b>2</b>
		of Program Service Ac	complishments	
	Check if Schedi	ule O contains a response to	any question in this Part III	
1	Briefly describe the or			
	A video tec	hnology informa	ational resource to school	ls in southern
	Colorado.			
		<del></del>		
?	Did the organization u	indertake any significant prog	ram services during the year which were not listed	d on
	the prior Form 990 or		, , , , , , , , , , , , , , , , , , , ,	Yes X No
	•	se new services on Schedule	0	
3	•		nificant changes in how it conducts, any program	services? Yes X No
		se changes on Schedule O	, , , , , , , , , , , , , , , , , , , ,	
1		•	ch of the organization's three largest program sen	vices by expenses.
•			ection 4947(a)(1) trusts are required to report the	
		=	ue, if any, for each program service reported.	and and
la	(Code		1,429 • Including grants of \$ 140,0	00 • \(\(\text{(Revenue \$\)}\)
_	,		nal resource within the e	
			ding video technologies	
	<u> </u>	. cororado rogas	41.19 11400 0000103102	
				-
	·			
	<del></del>			
	<u> </u>	) (Fare		) (D
\$b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$)
				<del></del>
	<del></del>	<del></del>		<del>-</del>
		<del></del>		
				<del></del>
lc	(Code	) (Expenses \$	including grants of \$	) (Revenue \$)
		<del></del>		
				<del></del>
				· · · · · · · · · · · · · · · · · · ·
4d	Other program service	es. (Describe in Schedule O.)		
_	(Expenses \$	including gran		<u> </u>
	T-4-1		301 429	

Form 990 (2010) Consortium

Part IV Checklist of Required Schedules

			Yes	No
1 ,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		ι,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Α_
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	N/	Δ
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	_A_	<del></del>
D	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		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI, XII, and XIII	12a_		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		Х
42	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13 145	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 20a	<u> </u>	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		<del>                                     </del>	<del>                                     </del>
D	operate one or more hospitals must attach audited financial statements (see instructions)	20ь	[	
	Operate one or more mospitale must attach addited infamotal statements feed instructional		990	2010)

Part IV Checklist of Required Schedules (continued)

	Note. All Form 990 filers are required to complete Schedule O	_38_		(2010)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		Х	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		A
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity?	24		y
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		y
	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions)	ļ		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Schedule L, Part III	27		Х
_,	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	{		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		<u> </u>
	Schedule L, Part I	25b		х
IJ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
Ç	any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<del></del> -
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		Х
•	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		Х
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	_ <del>-</del>		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
22	United States 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 and other assistance to individuals in the United States on Part IX,	۱ ـ	- 1	L
۷١,		21	Х	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	·	J	Vaa	NI.

	Southern Colorado Educational TV				
Form	990 (2010) Consortium 74-24	4999	29	_ P	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	- 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				1
	(gambling) winnings to prize winners?	L	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3a		_X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
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)?	L.	4a		X
b	If "Yes," enter the name of the foreign country.				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	t			
	any contributions that were not tax deductible?	L	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-	1	ľ	1
	were not tax deductible?	L	6ь		L
7	Organizations that may receive deductible contributions under section 170(c).		T		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the page 15 made partly as a contribution and partly for goods and services provided to the page 15 made partly as a contribution and partly for goods and services provided to the page 15 made partly as a contribution and partly for goods and services provided to the page 15 made partly as a contribution and partly for goods and services provided to the page 15 made partly as a contribution and partly for goods and services provided to the page 15 made partly as a contribution and partly for goods and services provided to the page 15 made partly as a contribution and partly for goods and services provided to the page 15 made 1	ayor? 🗀	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Ŀ	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 82822		70		ΙX

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c if "Yes," to line 5a or 5b, did the organization file Form 8886-T?  5a 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 X  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b Organizations that may receive deductible contributions under section 170(c).	_		1 . 1	]
a Dat the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filed a Form 990-T for this year? if "No," provide an explanation in Schedule O  b If "Yes," that it filed a Form 990-T for this year? if "No," provide an explanation in Schedule O  b If "Yes," that the 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 accounts?  b If "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts.  b Did any taxable party notify the organization that it was or is a party to a prohibited any sear?  b Did any taxable party notify the organization that it was or is a party to a prohibited and shelter transaction?  c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  b If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization selected to the payor?  7b If "Yes," did the organization selected to the payor?  7c X  To If If yes," did the organization selected and the selection property for which it was required to the foreign country of the very selected to the organization file Form 8899 as required?  7c If If the organization received a contribution of qualifi	b		2b	
b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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	_			
4a All 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)?  b			<del></del>	<u>X</u>
b If Yes,* enter the name of the foreign country. ▶  If Yes,* enter the name of the foreign country. ▶  See instructions for filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts.  See Day 1 and 1			3b	
b if "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for Form TD F 90·22 1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b D da any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b D X X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c D Ces 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a X Y  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8d If "Yes," indicate the number of Forms 8282 filed during the year  9d If "Yes," indicate the number of Forms 8282 filed during the year  10d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization receive any funds, directly or indirectly, or pay premiums on a personal benefit contract?  7d If the organization receive a contribution of qualified intellectual property, did the organization file Form 889 as required?  8d If the organization receive a contribution of qualified intellectual property, did the organization file Form 889 as required?  9d If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?  7d If the organization received a contribution of qualified intellectual property, did the organization file	4a	·		,,
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b Did the organization make a distribution to a donor, donor advisor, or related person?  N/A 9b  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A 10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	9			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
			14b	
			Form 9	90 (2010

Consortium 74-2499929 Form 990 (2010) 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. X Check if Schedule O contains a response to any question in this 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 9 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? 7a Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 Х 16a taxable entity during the year? 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 the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 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 18 public inspection. Indicate how you make these available. Check all that apply X Upon request ☐ Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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Susan Grosshans - (719)520-297<u>2</u>

711 E. San Rafael St., Colorado Springs,

Consortium

74-2499929

#### Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any guestion in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

<b>(A)</b> Name and Title	(B) Average			() Pos	C) Ition			( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated	
мате апо тще	hours per week	<del></del>	(check all that apply)				ly)	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Rex Garrison											
President	3.50	X	<u> </u>	X				0.	0.	0	
Mark Bell											
Vice-President	1.00	X		X				0.	0.	0	
John Litchenberg											
Secretary	0.30	X	L	X				0.	0.	0	
Jacque Tomrdle											
Director	1.00	X						0.	0.	0	
Sue Grosshans			1	ľ							
Treasurer	2.00		L.,	X				0.	0.	0	
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			_								
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	-	-	-								
			-	-	-	-	-				

Form 990 (2010)

Par	t VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A)	(B)				C)		_	(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Est	ımate	d
		hours per	(C	heck	all	that	арр	ly)	compensation	compensation	ا ١		ount o	of
		week (describe	ţ			•		ĺ	from the	from related organizations			other	tion
		hours for	1 E	Ì			B		organization	(W-2/1099-MIS		-	oensa om the	
		related	8	ustee			ensa		(W-2/1099-MISC)	(** 25 1000 11110	,		ınızatı	
		organizations	五	nal tr		98	g comp		(** = *********************************			-	relate	
		ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatıd	ons
		O)	ਵ	si	₽	ā	돌, 등	횬						
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	Cub Askel	1	l		<u> </u>	L			0.	<del></del>	0.			0.
	Sub-total	/II Cootion A							0.		0.			0.
	Total from continuation sheets to Part \	ni, Section A							0.		0.			0.
2	Total (add lines 1b and 1c)  Total number of individuals (including but	not limited to th		lieta	nd a	hove	a) w/		L	000 in reportable				•
_	compensation from the organization	not infinited to ti	1036	iiste	o a	0011	C) **I	10 10	scered more than \$100	,000 in reportable	•			0
	ochipensation from the organization										-		Yes	No
3	Did the organization list any former officer	r. director or tru	stee	e. ke	v en	olar	vee.	or h	nighest compensated er	nolovee on	[			
	line 1a? If "Yes," complete Schedule J for			,	,	.,	, ,					3	Ì	Х
4	For any individual listed on line 1a, is the s		le c	amo	ensa	atior	n and	d oth	her compensation from	the organization	İ			
	and related organizations greater than \$15									<b>g</b>		4	Ì	Х
5	Did any person listed on line 1a receive or									dual for services				
	rendered to the organization? If "Yes," cor											5	[	X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest c	ompensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation fi	om	
	the organization. NONE													
	(A)								(B)			(C		
	Name and busines	s address			_				Description of s	ervices	C	omper	satio	n
								_						
								- }						
								$\dashv$				_		
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_						41-			d also and rate and an area.	and the				
2	Total number of independent contractors		iot l	mite	a to		ose II O	stec	a above) who received h	iore man				
	\$100,000 in compensation from the organ	ization -					<del>-</del>					Form 9	aan «	2010

Form	990	0 (2010) Consc	rtium				74-2499	929 Page <b>9</b>
Pa	rt V	III Statement of Rever	nue					
					<b>(A)</b> 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	1	<ul> <li>a Federated campaigns</li> <li>b Membership dues</li> <li>c Fundraising events</li> <li>d Related organizations</li> <li>e Government grants (contribut</li> <li>f All other contributions, gifts, gran similar amounts not included abort</li> <li>g Noncash contributions included in lines</li> </ul>	ts, and ve 1f	230,084.				
0 B		h Total. Add lines 1a-1f	<del></del>	▶	230,084.			
Program Service Revenue	1	b c d e All other program service reve		Business Code				
-		g Total. Add lines 2a-2f	dundanda antara	<b></b>				
	3 4 5	Investment income (including other similar amounts) income from investment of tax Royalties		▶	1,169.			1,169.
	•	<ul> <li>a Gross Rents</li> <li>b Less rental expenses</li> <li>c Rental income or (loss)</li> <li>d Net rental income or (loss)</li> </ul>	V					
	7 (	<ul> <li>a Gross amount from sales of assets other than inventory</li> <li>b Less cost or other basis and sales expenses</li> </ul>	(i) Securities	(II) Other				
		c Gain or (loss) d Net gain or (loss)		<b>•</b>				
Other Revenue		<ul> <li>a Gross income from fundraising including \$</li></ul>	of					
0		c Net income or (loss) from fund		<b>•</b>				
į		a Gross income from gaming ac Part IV, line 19						
1	•	<ul><li>b Less direct expenses</li><li>c Net income or (loss) from gam</li></ul>	b ning activities					
	(	<ul> <li>a Gross sales of inventory, less and allowances</li> <li>b Less cost of goods sold</li> <li>c Net income or (loss) from sale</li> </ul>	a b					
Ì		C Net income or (loss) from sale  Miscellaneous Revenu		Business Code				
}	11 :			DUSITIESS COURT				
	1	b						
	•	c						
	(	d All other revenue						
	40	e Total. Add lines 11a-11d			231,253.	0.	0.	1,169.
03200	12 9 -10	Total revenue See instructions			201/2000	0.		Form <b>990</b> (2010)

Form 990 (2010)

Consortium

Part IX	Statement ·	of Functional	<b>Expenses</b>
Part In 1	Statement	ui Fuilcuullai	PYDE112E2

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

•	- All Other organizations most com	pioto 001011111 (7 y 201 010	(5)	(0)	·/ /D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	140,000.	140,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		<u>-</u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	2,855.		2,855.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,224.	77,224.		
23	Insurance	8,251.	8,251.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line				,
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0) Consulting	76,860.	69,174.	7,686.	
a	Mobile Studio	5,848.		,,,,,,,	
b	Repairs & Maintenance	614.	614.		
C	Miscellaneous	318.	318.		
d	MISCELLARIEOUS	310.	3231		
e	All other eveness				
f	All other expenses	311,970.	301,429.	10,541.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here   ☐ If following SOP	3117570.	301/1236		
26	•••••••••		1		
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				į.
	solicitation	<u>1                            </u>		L	<del></del>

74-2499929 Page 11

Par	τX	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing	14,364.	1	<5,448.
	2	Savings and temporary cash investments	45,393.	2	63,220.
	3	Pledges and grants receivable, net	57,929.	3	56,421.
	4	Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
<i>(</i> n		employees' beneficiary organizations (see instructions)	- · · - · · · · · · · · · · · · · · · ·	6	- <del></del>
Assets	7	Notes and loans receivable, net		7	. <del></del>
As	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  Less accumulated depreciation  10a 770,454.  10b 390,189.			
	b	Less accumulated depreciation 10b 390, 189.	457,489.	10c	380,265.
	11	Investments - publicly traded securities		11	
ł	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<del></del>	14	
j	15	Other assets. See Part IV, line 11	F 0 5 1 0 5	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	575,175.	16	494,458.
-	17	Accounts payable and accrued expenses		17	
}	18	Grants payable		18	
	19	Deferred revenue		19	
ł	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	<del></del>
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties  Other lightlying. Complete Bott V of School up D.		24 25	
	26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25	0.	-	0.
	20	Organizations that follow SFAS 117, check here   X and complete	-	20	
s		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	575,175.	27	494,458.
alaı	28	Temporarily restricted net assets		28	
Q P	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here			······································
or F		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	575,175.	33	494,458.
	34	Total liabilities and net assets/fund balances	575,175.	34	494,458.

Form **990** (2010)

Southern Colorado Educational TV 74-2499929 Consortium Form 990 (2010) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 231,253. Total revenue (must equal Part VIII, column (A), line 12) 1 311,970. 2 Total expenses (must equal Part IX, column (A), line 25) 2 <80,717.> Revenue less expenses Subtract line 2 from line 1 3 3 575,175. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 5 494,458. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual 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 **2**b b Were the organization's financial statements audited by an independent accountant? 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 separate basis, consolidated basis, or both:

Both consolidated and separate basis

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

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

Form 990 (2010)

За

3b

Х

Separate basis Consolidated basis

Act and OMB Circular A-133?

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Southern Colorado Educational TV Consortium

Employer identification number 74-2499929

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t ) See ins	tructions.			
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)				
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	).			
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
3 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	nbed in <b>se</b>	ection 170	(b)(1)(A)(i	ii). Enter th	ie hospital's name,	
	city, and stat	e:							_		
5 🔲	An organizati	on operated for the	benefit of a college or ui	niversity o	wned or op	perated by	a governi	mental un	it describe	d in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6			ent or governmental uni	t describe	d ın <b>sectio</b>	n 170(b)(	1)(A)(v).				
7 X			eives a substantial part					or from the	e general p	ublic described in	
		<b>b)(1)(A)(vi)</b> . (Comple				Ŭ			,		
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🔲	•		eives. (1) more than 33	•	•	rom contri	ibutions. n	nembersh	ip fees, and	d aross receipts from	
_										- ·	
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975										
	See section 509(a)(2). (Complete Part III )										
10			perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	<b>1</b> ).			
11	_	- ·	perated exclusively for the	•	-			-	v out the p	ourposes of one or	
			ations described in secti							•	
			organization and compl				,		, (-,		
	a Type I b Type II c Type III · Functionally integrated d Type III · Other										
e 🗀											
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f											
		rganization, check th			•						
9		-	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?		
J	_		lirectly controls, either al			-				Yes No	
			upported organization?			•		` '	, ,	11g(i)	
	_		n described in (i) above?	1						11g(ii)	
	-		person described in (i)		e?					11g(iii)	
h		•	about the supported or								
		J			. ,						
(ı) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the organization (v) Did you notify the organization in Co					s the	(vii) Amount of	
	anization	``	organization (described on lines 1-9	in col (i) listed in your		organization in col		organization in col (i) organized in the US?		support	
		}	above or IRC section	governing	document?	(I) of you	r support?	US	32		
			(see instructions))	Yes	No	Yes	No	Yes	No		
					1	l	1	•	1 1		
							ļ				
		ĺ	1					1			
				<u> </u>	<u></u>		ļ		<del>                                     </del>		
		<b> </b>	<u> </u>	ļ	<u> </u>		<del> </del>	<u> </u>	<del> </del>	<del></del>	
				]					] [		
							ļ		<del> </del>		
Total											

74-2499929 Page 2

Schedule A (Form 990 or 990-EZ) 2010 Consortium

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2010 (f) Total (d) 2009 Calendar year (or fiscal year beginning in) (c) 2008(a) 2006 **(b)** 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 230,084. 226,010. 1126072. 228,198. 219,685. 222,095. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 226,010. 230,084. 1126072. 219,685. 222,095. 228,198. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1126072. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (d) 2009 (e) 2010 **(b)** 2007 (c) 2008(a) 2006 222,095. 226,010 230,084. 1126072. 219,685. 228,198. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 10,414. 4,145. 2,214. 1,544. 1,342. 1,169. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1136486. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.08 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 98.36 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright [X]$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-		<del></del>		<del> </del>		····
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities					<del></del>	
Ĭ	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			<u> </u>	<del> </del>	<del>                                     </del>	
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6)				<u></u>		
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	<b>(f)</b> Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses			}	-	1	
	acquired after June 30, 1975				<u> </u>		
(	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	l			
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<u>▶</u>
Se	ction C. Computation of Publ	c Support Pe	rcentage				
	Public support percentage for 2010 (I	,,,	•	column (f))		15	%
	Public support percentage from 2009					<u>  16  </u>	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>10</b> (line 10c, colur	mn (f) dıvıded by lıı	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2010. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as						
ı	o 33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶॓

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Southern Colorado Educational TV Consortium

Employer identification number 74-2499929

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, lin		·						
-		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds						
	are the organization's property, subject to the organization's	-	Yes No						
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	<del></del>						
-	for charitable purposes and not for the benefit of the donor of	- •	•						
	impermissible private benefit?		Yes No						
Pai	······································	ganization answered "Yes" to Form 990, Part IV							
1	Purpose(s) of conservation easements held by the organizat								
	Preservation of land for public use (e.g., recreation or e		ally important land area						
	Protection of natural habitat	Preservation of a certified							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last						
	day of the tax year.								
	•		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c						
d									
	listed in the National Register	, , , , , , , , , , , , , , , , , , , ,	2d						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax						
	year ▶		,						
4	Number of states where property subject to conservation ea	sement is located							
5	Does the organization have a written policy regarding the pe								
	violations, and enforcement of the conservation easements i	t holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	year ▶ \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)						
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense stat	ement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	rganization's accounting for						
	conservation easements.								
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	r Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement.	and balance sheet works of art,						
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIV,						
	the text of the footnote to its financial statements that descr	ibes these items							
b	If the organization elected, as permitted under SFAS 116 (AS	•							
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts						
	relating to these items:								
	(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 art, historical tre	easures, or other similar assets for financial gair	n, provide						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	_						
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$						
b	Assets included in Form 990, Part X		<b>▶</b> \$						

Sche	dule D (Form 990) 2010 Consort	ium					74-2	499929	9 Pa	age 2	
Pa	t III Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, o	or Other					
3	Using the organization's acquisition, access										
	(check all that apply):										
а	Public exhibition		d 🔲 L	oan or exc	hange progra	ams					
b	Scholarly research		• 🔲 c	Other							
С	Preservation for future generations										
4											
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m						[	Yes		No	
Pai	t IV Escrow and Custodial Arran					"Yes" to Fo	rm 990, Part I				
	reported an amount on Form 990, Pa			•			,	.,			
1a	Is the organization an agent, trustee, custod	lan or other interme	diary for c	ontribution	s or other as	sets not inc	luded				
	on Form 990, Part X?		•		-			Yes		No	
b	if "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	able:							
	,							Amount			
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	212					Yes	$\overline{}$	No	
	If "Yes," explain the arrangement in Part XIV						_	103	_	, 140	
Par			nswered "	Yes" to Fo	rm 990. Part	IV. line 10.					
		(a) Current year		or year	(c) Two year		Three years bac	ck (e) Four	VASTS	hack	
1a	Beginning of year balance	(a) carront year	(3)	or your	(6) 1110 year	3 Buok   (G)	Titlee years ba	/ (G) Tour	years	Dack	
b	Contributions										
c	Net investment earnings, gains, and losses						***************************************			<del>~</del>	
ď	Grants or scholarships							<del></del>			
-	Other expenditures for facilities					<del></del>	••••••••••		·····		
Ť	and programs										
f	Administrative expenses										
	End of year balance										
9 2	Provide the estimated percentage of the year	ur and halanaa hald a			L	t	<del></del>	L	··········	<del></del>	
a	Board designated or quasi-endowment	ii end balance neid a									
b	Permanent endowment	%	_%								
٥		% %									
3-	Are there endowment funds not in the posse	· -	ation that	ara balal a		unal familia					
Ja		ession of the organiz	ation that	are neid a	no aoministe	rea for the a	organization	Г	V		
	by: (i) unrelated organizations							r	Yes	No	
	···							3a(i)			
	(ii) related organizations	- 1:00-01	Cabadi	de Do				3a(ii)			
ь 4	If "Yes" to 3a(ii), are the related organizations							_3b			
	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm						<del></del>				
rai											
	Description of investment	(a) Cost or o			or other (other)	• •	mulated	(d) Book	value	€	
	Lood	Dasis (ilivesti	n <del>e</del> nt)	Dasis	(Other)	depred	JIALIOIT				
	Land				<del></del>						
b	Buildings		<del></del>						-		
c	Leasehold improvements			20	0 662	1 7	1 022	11/	01	20	
d	Equipment Other	<b></b>			9,662. 0,792.		4,833. 5,356.	265	82	25.	
	A COLUMN TO THE			7()	41116	, ,		/ 11	🕶		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010

380,265.

Part VII Investments - Other Securities.	See Form 990, Part X, line 12	2		
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation r end-of-year marke	
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)		<del> </del>		
(D)		ļ		
(E)				
(F)		ļ		
(G)	<del> </del>	<del> </del>		
(H)	<del> </del>			
(1)		<u> </u>	······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,
otal (Col (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments - Program Related.		<u>                                     </u>		
(a) Description of investment type	(b) Book value	(c	Method of valuation	
	(b) Book value	Cost c	r end-of-year marke	t value
(1) (2)			<del></del>	
(3)			<del></del>	<del></del>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<u> </u>			
(10)				***************************************
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )				····
Part IX Other Assets. See Form 990, Part X, III			<del></del>	(I.) Destruction
	a) Description			(b) Book value
(1)				
(2)			<del></del>	
(3)				
(4)				<del></del>
(5)				
(6)	<del></del>			
(7) (8)				
(9)				
(10)		·— <u>-</u> -		
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 15 )		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part				
1. (a) Description of liability		(b) Amount		· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) I FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740)	Ine 25.)	months that manages the	on's liability for manada's	av positions under
PIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	e to the organization's financial state	ments macreports me organizati	on a naomity for uncertain	——————————————————————————————————————
032053 12-20-10			Sched	dule D (Form 990) 20

	dule D (Form 990) 2010 CONSOLTIUM						499929	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed F	inancial	State	ments	;	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	, Total expenses (Form 990, Part IX, column (A), line 25)			2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			·	
4	Net unrealized gains (losses) on investments			4				
5	Donated services and use of facilities			_5				
6	Investment expenses			6				
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	19		10				
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith R	levenue	per R	eturn		
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	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	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	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	Vith I	Expense	s per	Return	<u> </u>	
1	Total expenses and losses per audited financial statements					1		·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a				] ]		
þ	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d		<del></del>		1 1		
е	Add lines 2a through 2d					2e		<del></del> _
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b				1 1		
С	Add lines 4a and 4b					4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5		
	t XIV Supplemental Information							
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,							4, Part
K, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete this	part 1	to provide	any add	nı İsnoitit	nformation	
_								
							<u></u>	
		~		<del></del>				

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Southern Colorado Educational Consortium Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

2010
Open to Public Inspection

% × Employer identification number 74-2499929 Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Part | General Information on Grants and Assistance criteria used to award the grants or assistance?

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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55.000. Check this	box if no one recipien	t received more tha	an \$5,000 Part II	can be duplicated if a	dditional space is need	Jed Del	٦
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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	
Academy School District 20 1110 Chapel Hills Dr	84-6001185	115	20 000	0			Education-Video Technology	
Pikes Peak Library District 5550 N. Union Blvd	84-0610591	115	20 000	o			Education-Video Technology	
Pikes Peak Community College 5676 S. Academy Blvd	84-0644739	1.5	20 000	o			Education-Video Technology	
Falcon School District 49 10850 E. Woodmen Rd.	99-1009-18	<u>-</u> د	20	0			Education-Video Technology	
University of Colorado at Colorado Springs - 1420 Austin Bluffs Pkwy - Colorado Springs CO 80918	84-60055	115	20,000.	0			Education-Video Technology	
Colorado Springs School District 11 - 1115 N. El Paso St - Colorado Springs CO 80903	84-6001179	115	.000,02	• 0			Education-Video Technology	
							4	7

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

Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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74-2499929 Page 1	(h) Purpose of grant or assistance	Education-Video Technology					Schedule I (Form 990)
	(g) Description of non-cash assistance						
edule I (Form 990), Par	(f) Method of valuation (book, FMV, appraisal, other)						
nited States (Scho	(e) Amount of non-cash assistance	0					
${ m TV}$ nizations in the U	(d) Amount of cash grant	20,000.				_	,
Educational	(c) IRC section if applicable	115					
Colorado m Assistance to Go	( <b>b)</b> EIN	84-6001180					
Southern Colorado Educational TV  Schedule   (Form 990) Consortium  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	Cheyenne Mountain School District 12 - 1775 LaClede Street - Colorado Springs, CO 80905					LHA

Page 2

74-2499929

Consortium

Schedule I (Form 990) (2010)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Schedule I (Form 990) (2010)

032102 01-13-11

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Southern Colorado Educational TV

Employer identification number 74-2499929

Consol Clum	14-2499929
Form 990, Part VI, Section A, line 6: The organization is	s a
not-for-profit corporation with members who have the righ	nt to elect the
directors of the board.	
Form 990, Part VI, Section A, line 7a: New members of the	consortium can
be elected by the board of directors and current members.	
	<del></del>
Form 990, Part VI, Section A, line 7b: All material decis	sions must be
approved by the board and members.	
	) :
Form 990, Part VI, Section B, line 11: A copy of Form 990	
the preparer to the President and Treasurer for approval	before the form is
filed. The President and Treasurer examine for accuracy of	of financial and
informational data and discuss any issues with the prepar	cer.
Earn 000 Dart VI Coation C. Line 10. The governing decay	monto and
Form 990, Part VI, Section C, Line 19: The governing docu	
financial statements are available to the public by reque	est. Interested
parties may use the contact information listed on Part VI	(, Line 20, of Form
990 to request review of these records.	