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# Department of the Treasury Internal Revenue Service

**SCANNED MAR 0 5 2012** 

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)

OMB No 1545-0047

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

Open to Public Inspection

| Α                           | For th               | e 2010 calendar year, or tax year beginning JUL 1, 2010 and ending   | JUN 30, 20   | 011                                   |
|-----------------------------|----------------------|--|--|---------------------------------------|
| В                           | Check if<br>applicab | C Name of organization   | D Employer id                                      | entification number                   |
|                             | Addn<br>chan         | colorado Broadcasters Association  |  | 4 6050506                             |
| <u> </u>                    | chang                | Doing Business As  | 84   | 4-6059736                             |
| ;<br>                       | return               | Number and street (or P.O. box it mail is not delivered to street address)   Room/s                                |  | umber<br>20-536-5427                  |
| <i>'</i> [                  | Amer                 | City or town, state or country, and ZIP + 4  | G Gross receipts \$                                | 483,518.                              |
| Ē                           | Appli                |  | H(a) Is this a gro                                 |                                       |
|                             | pend                 | F Name and address of principal officer: Justin Sasso  | for affiliates                                     |                                       |
|                             |                      |  | O H(b) Are all affilia                             |                                       |
| 1                           | Tax-ex               | empt status: 501(c)(3) 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or   |  | ach a list. (see instructions)        |
| J                           | Websi                | te: ▶ www.coloradobroadcasters.org   | L Company  | mption number                         |
| K F                         | orm o                | forganization: Corporation Trust X Association Other ► L   |  | 49 M State of legal domicile CO       |
| P                           | art I                | Summary  | ,  |                                       |
| . eoc                       | 1                    | Briefly describe the organization's mission or most significant activities: To promo of radio and Tv broadcasting. | te and deve  | elop the art                          |
| 'nar                        | 2                    | Check this box If the organization discontinued its operations or disposed of r                                    | more than 25% of its r                             | nat assats                            |
| Ş                           | 3                    | Number of voting members of the governing body (Part VI, line 1a)  | Hole than 25% of its i                             | 3 13                                  |
| ်ပိ                         | 1                    | Number of independent voting members of the governing body (Part VI, line 1b)                                      |  | 4 13                                  |
| Activities & Governance     | 1                    | Total number of individuals employed in calendar year 2010 (Part V, line 16)                                       |  | 5 0                                   |
| ië.                         | 1                    | Total number of volunteers (estimate if necessary)   |  | 6 0                                   |
| j :≩                        | 1                    | Total unrelated business revenue from Part VIII, column (C), line 12   |  | 7a 0.                                 |
| ¥                           | 1                    | Net unrelated business taxable income from Form 990-T. line 34   |  | 7b 0.                                 |
|                             | 1                    | THOU CAN COLOUR DECINE CONTROL HOLD TO AN ACCOUNT.   | Prior Year   | Current Year                          |
| d)                          | 8                    | Contributions and grants (Part VIII, line 1h)  | 75,33  |                                       |
| Ž                           | I                    | Program service revenue (Part VIII, line 2g)   | 298,11   |                                       |
| Revenue                     | I                    | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 41,24  |                                       |
| œ                           | 1                    | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 2,16   |                                       |
|                             |                      | Total revenue - add lines 8 through 11 (grost equal Part VIII, column (A), line 12)                                | 416,85   |                                       |
|                             |                      | Grants and similar amounts paid (Part-IX, column (A), lines 1-3)(0)  | 10,07  |                                       |
|                             |                      | Benefits paid to or for members (Part IX, column (A), /line/4)   | •  | 0. 0.                                 |
| S                           |                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                  | 149,20   | 192,522.                              |
| Expenses                    |                      | Professional fundraising fees (Part IX, column-(A), line 119)  | ·  | 0. 0.                                 |
| , g                         |                      | Total fundraising expenses (Part IX, column (D), lline 25).  |  |                                       |
| Ü                           | 17                   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | 223,23   | 216,234.                              |
|                             | 18                   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 382,51   | 7. 418,739.                           |
| <u>;</u>                    | 19                   | Revenue less expenses. Subtract line 18 from line 12   | 34,34  | 2. 64,779.                            |
| Net Assets or Fund Balances |                      |  | Beginning of Current Y                             |                                       |
| set                         | 20                   | Total assets (Part X, line 16)   | 684,14   |                                       |
| id A                        | 21                   | Total liabilities (Part X, line 26)  | 49,16  |                                       |
| 킲                           |                      | Net assets or fund balances. Subtract line 21 from line 20   | 634,98   | 762,056.                              |
| <del></del>                 | rt II                | Signature Block  |  |                                       |
|                             |                      | ities of perjury, Ldeclare that I have examined this return, including accompanying schedules and sta              |  | of my knowledge and belief, it is     |
| true,                       | correc               | t, and complete Declaration of preparer (other then officer) is based on all information of which prep             | arer has any knowledge,                            |                                       |
|                             |                      | aus aus  |  | 13/2012                               |
| Sign                        | ١                    | Signature of officer   | Date *   |                                       |
| Here                        | е                    | Justin Sasso, President & CEO Type or print name and title   |  |                                       |
|                             |                      | Print/Type preparer's name Preparer's signature  | Date Check   | k PTIN                                |
| Paid                        |                      | Kristin Stuever  | 101-1-1  | employed                              |
| Prep                        | ŀ                    | Firm's name Lucke & Associates CPA's   | Firm's EIN   | · · · · · · · · · · · · · · · · · · · |
| Use (                       | }                    | Firm's address PO Box 3609   | FIRM S EIN   | <u> </u>                              |
| 300 (                       | ,                    | Breckenridge, CO 80424   | Phone no   | 970-453-4302                          |
| May                         | the IF               | S discuss this return with the preparer shown above? (see instructions)  | T Englie III                                       | X Yes No                              |
|                             | 1 02-22              |  | · <del>· · · · · · · · · · · · · · · · · · ·</del> | Form <b>990</b> (2010)                |
| ∠UU                         | 02-22                | EID TO Paperwork Neurolion Not Notice, see the separate instructions.  |  | 24                                    |

|    | n 990 (2010) Colorado Broadcasters Association   | 84-6059736 | Page 2         |
|----|--|------------|----------------|
| Pa | rt III Statement of Program Service Accomplishments  |            |                |
|    | Check if Schedule O contains a response to any question in this Part III   | •          |                |
| 1  | Briefly describe the organization's mission:  To promote & develop the art of radio & tv broadcasting  |            |                |
|    |  |            |                |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?  If "Yes," describe these new services on Schedule O.   | Ye         | s X No         |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.   | Ye         | s X No         |
| 4  | Describe the exempt purpose achievements for each of the organization's three largest program services by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gallocations to others, the total expenses, and revenue, if any, for each program service reported. |            |                |
| 4a | (Code:) (Expenses \$298,417. Including grants of \$5,250. )(Retention promote & develop the art of radio and tw broadcasting)  |            | <u>,768.</u> ) |
|    |  |            |                |
|    |  |            |                |
|    |  |            |                |
|    |  |            |                |
| 4b | (Code:) (Expenses \$ including grants of \$) (Rev  | venue \$   | )              |
|    |  |            |                |
|    |  |            |                |
|    |  |            |                |
|    |  |            |                |
| 4c | (Code:) (Expenses \$ including grants of \$) (Rev  | enue \$    | )              |
|    |  |            |                |
|    |  |            |                |
|    |  |            |                |
|    |  |            |                |
| 4d | Other program services. (Describe in Schedule O.)  |            |                |
|    | (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 298, 417.  | )          |                |
| 4e | TOTAL DIOGRAM SELVICE CADENSES F 4/0/141/  |            |                |

|     |  |        | 165          | 140           |
|-----|--|--------|--------------|---------------|
| 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      | <u> </u>     | X             |
| 2   | is the organization required to complete Schedule B, Schedule of Contributors?   | 2      | <u> </u>     | X             |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |        |              |               |
|     | public office? If "Yes," complete Schedule C, Part I   | 3      |              | X             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | 1      |              | İ             |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4      |              | <b> </b> -    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | _      |              | l v           |
| _   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5      |              | X             |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to  | _      |              | v             |
| _   | 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,  | _      |              | Х             |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7      | -            | Λ             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |        |              | X             |
| 9   | Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide  | 8      | <del> </del> | A             |
| 9   | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9      |              | Х             |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?   | -      |              | 11            |
|     | If "Yes," complete Schedule D, Part V  | 10     | i            | х             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |        |              |               |
| • • | as applicable.   |        |              |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |        |              | 1             |
|     | Part VI  | 11a    | Х            |               |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |        |              |               |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b    |              | Х             |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |        |              |               |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 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    |              | X             |
| ę   | 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             |
| þ   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |        |              | v             |
| 40  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional   | 12b    |              | $\frac{X}{X}$ |
| 13  | 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? | 13     |              | <u>X</u>      |
|     | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | 14a    |              | _ <u></u>     |
|     | 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  | 1.45   |              | <del></del> - |
|     | 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     |              | 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     |              | Х             |
| 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     | ļ            | <u>X</u>      |
| 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     |              | X             |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20a    |              | X             |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that  |        |              |               |
|     | operate one or more hospitals must attach audited financial statements (see instructions)  | 20ь    |              |               |
|     |  | Form 9 | <b>90</b> (2 | (010)         |

|     | m 990 (2010) COTOTAGO BIOAGCASTEIS ASSOCIATION 84-605  | 9/30        | ) Р         | age ( |
|-----|--|-------------|-------------|-------|
| F   | art IV Checklist of Required Schedules (continued)   | <del></del> | 1           |       |
|     |  |             | Yes         | No    |
| · 2 |  |             |             | ١,,   |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21          | ļ           | X     |
| 22  |  | İ           | ٠,,         |       |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22          | Х           |       |
| 23  |  |             | }           |       |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |             |             | ٠,    |
| _   | Schedule J   | 23          | ļ           | 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   |             | 1           | v     |
|     | Schedule K If "No", go to line 25  | 24a         | -           | X     |
|     | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b         | <u> </u>    |       |
|     | 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         |             |       |
| ı   | 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  |             | 1           |       |
| 00  | Schedule L, Part I   | 25b         |             |       |
| 26  |  |             |             | Х     |
| 07  | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26          |             |       |
| 27  |  |             |             |       |
|     | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 07          |             | Х     |
| 28  | · · · · · · · · · · · · · · · · · · ·  | 27          |             | Λ_    |
| 20  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |             | ì           |       |
|     | and the second s | 00-         |             | Х     |
|     | <ul> <li>A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> </ul>  | 28a         | -i          | X     |
|     | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  | 28b         |             |       |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c         | j           | Х     |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29          |             | X     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 29          |             |       |
| •   | contributions? If "Yes," complete Schedule M   | 30          | ļ           | Х     |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   | 00          |             |       |
| •   | If "Yes," complete Schedule N. Part I  | 31          |             | Х     |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | J           | -+          |       |
| -   | Schedule N, Part II  | 32          | ļ           | X     |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |             |             |       |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33          | - 1         | X     |
| 34  | Was the organization related to any tax-exempt or taxable entity?  | -           | -+          |       |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34          |             | X     |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?  | 35          |             | X     |
|     | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of  |             |             |       |
|     | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |             | ļ           |       |
| 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   |             | $\neg \neg$ |       |

Form 990 (2010)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

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

| rar | Check if Schedule O contains a response to any question in this Part V  |                               |             |                |               |
|-----|---|-------------------------------|-------------|----------------|---------------|
|     | Check it Schedule O contains a response to any question in this Part V  |                               | <del></del> | Yes            | L Na          |
| 4   | Fatouth a south as a sate day Bay 2 of Farm 1006 Fatou 0 If not applicable  | 1a 0                          |             | 162            | No            |
|     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable<br>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b 0                          |             |                |               |
|     | Did the organization comply with backup withholding rules for reportable payments to vendors and rules.   |                               |             |                | į             |
|     | (gambling) winnings to prize winners?   | oportable garriing            | 1c          | <i>:</i>       | ĺ             |
|     | 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 0                          |             |                |               |
|     | If at least one is reported on line 2a, did the organization file all required federal employment tax retuing   | <del></del>                   | 2b          |                |               |
|     | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction   |                               |             |                |               |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | ~,                            | 3a          |                | X             |
|     | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  |                               | 3b          |                |               |
|     | 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  |                               | 4a          |                | X             |
|     | 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.                     |             |                |               |
|     | 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   | action?                       | 5b          |                | X             |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |                               | 5с          |                | L             |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | ne 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 contribut   | ions or gifts                 |             |                |               |
|     | were not tax deductible?  |                               | 6b          |                | ļ             |
|     | 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 and se  | rvices provided to the payor? | 7a          | $\vdash$       |               |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |                               | 7ь          | $\vdash$       | -             |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w  | as required                   | 7-          |                | ĺ             |
|     | to file Form 8282?  | ا ہو ا                        | 7c          |                |               |
|     | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d                            | 7e          |                | ĺ             |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of  |                               | 7f          |                |               |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contile the organization received a contribution of qualified intellectual property, did the organization file Fig. 1. |                               | 7g          |                |               |
| _   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  |                               | 7h          |                |               |
|     | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D  |                               | 1.11        |                |               |
| •   | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at   |                               | 8           | [ ]            | Ì             |
| 9   | Sponsoring organizations maintaining donor advised funds.   | , ,                           |             |                |               |
|     | Did the organization make any taxable distributions under section 4966?   |                               | 9a          |                |               |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?  |                               | 9b          |                |               |
| 10  | Section 501(c)(7) organizations. Enter:   |                               |             |                |               |
| а   | Initiation fees and capital contributions included on Part VIII, line 12  | 10a                           |             |                |               |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b                           |             |                |               |
| 11  | Section 501(c)(12) organizations. Enter.  | 1 1                           |             |                |               |
| а   | Gross income from members or shareholders   | 11a                           |             |                |               |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against  |                               |             |                |               |
|     | amounts due or received from them.)   | 11b                           |             | •              |               |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  | l                             | 12a         |                |               |
| _   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b                           |             |                |               |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                               | 12-         | ļ <sup>]</sup> |               |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  |                               | 13a         |                | <u> </u>      |
|     | 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  | 136                           |             |                |               |
| _   | organization is licensed to issue qualified health plans  | 13b                           | † !         |                |               |
|     | Enter the amount of reserves on hand  Plid the expansion receive any payments for indeer tanging services during the tax year?  | 100                           | 14a         | <del> </del>   | X             |
|     | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul                         | e O                           | 14b         |                | - <del></del> |
|     | ii 165, has it filed a Form 120 to report these payments: if 140, provide an explanation in schedul   | <u> </u>                      |             | 9907           | /2010         |

032005 12-21-10 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.

|             | Check if Schedule O contains a response to any question in this Part VI  |                           |            |              | X           |
|-------------|--|---------------------------|------------|--------------|-------------|
| Sec         | tion A. Governing Body and Management  |                           |            |              |             |
| <del></del> | don At Governing Body and Management   |                           |            | Yes          | No          |
| 1a          | Enter the number of voting members of the governing body at the end of the tax year  | 1a                        | 13         |              |             |
| ь           | Enter the number of voting members included in line 1a, above, who are independent   | 1b                        | 13         |              |             |
| 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          |              | Х           |
| 3           | Did the organization delegate control over management duties customarily performed by or under the   | e direct supervision      |            | 1            |             |
|             | 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 governing documents since the prior Form 9  | 90 was filed?             | 4          |              | Х           |
| 5           | Did the organization become aware during the year of a significant diversion of the organization's ass   |                           | 5          |              | Х           |
| 6           | Does the organization have members or stockholders?  |                           | 6          |              | Х           |
| 7a          | Does the organization have members, stockholders, or other persons who may elect one or more me  | mbers of the              |            |              |             |
|             | governing body?  |                           | 7a         |              | X           |
| b           | Are any decisions of the governing body subject to approval by members, stockholders, or other per-  | sons?                     | 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         | X            | ļ           |
| þ           | Each committee with authority to act on behalf of the governing body?  |                           | 86         | X            | ļ           |
| 9           | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-   | ched at the               |            | 1            |             |
|             | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |                           | 9          |              | X           |
| <u>Sec</u>  | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | evenue Code.)             |            | T.,          | T           |
|             |  |                           | 40         | Yes          | <del></del> |
|             | Does the organization have local chapters, branches, or affiliates?  |                           | 10a        | 1            | X           |
| D           | If "Yes," does the organization have written policies and procedures governing the activities of such  | cnapters, amiliates,      | 401        |              |             |
| 44.         | and branches to ensure their operations are consistent with those of the organization?   | ing the form?             | 10t        |              |             |
|             | Has the organization provided a copy of this Form 990 to all members of its governing body before fill Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ing the lonn.             |            | 1            | -           |
|             | Does the organization have a written conflict of interest policy? If "No," go to line 13   |                           | 128        | . [          | Х           |
|             | Are officers, directors or trustees, and key employees required to disclose annually interests that cou  | ld give rise              | 140        | '            | <del></del> |
| -           | to conflicts?  | io givo noo               | 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   |                           | 120        |              |             |
| 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 approva   | ıl by ındependent         |            |              |             |
|             | 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  |                           | 15t        |              | X           |
|             | 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 arrangements  | nent 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 eval  | •                         |            |              |             |
|             | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization  | anızatıon's               |            |              |             |
|             | exempt status with respect to such arrangements?   | <del></del>               | 16b        |              |             |
|             | tion C. Disclosure   |                           |            |              |             |
| 17          | List the states with which a copy of this Form 990 is required to be filed None  | (FO4/-)(O)  -)            | -1-1- 6    |              |             |
| 18          | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T   | (30 F(C)(3)S ONIY) avail  | aoie for   |              |             |
|             | public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request  |                           |            |              |             |
| 40          |  | onflict of interest solic | v and fin  | ancial       |             |
| 19          | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, constatements available to the public.  | ominor or interest police | y, and ill | ancidi       |             |
| 20          | State the name, physical address, and telephone number of the person who possesses the books ar  | nd records of the orga    | nization:  | •            |             |
|             | Colorado Broadcasters Association - 970-547-1388   |                           |            |              |             |
|             |  | CO 80424                  |            | <u> </u>     |             |
|             |  | •                         | F          | <u>, 000</u> | (0040)      |

Form **990** (2010)

| ' (  | •   |       |    |
|------|-----|-------|----|
| Form | 990 | (201) | 0) |

#### Colorado Broadcasters Association

84-6059736

Page 7

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

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

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

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

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

| Check this box if neither the organiza  (A)  Name and Title | (B)<br>Average<br>hours per<br>week                                     | (cl                            | (C) Position (check all that apply) |         |              | ı                            |        | (D)  Reportable compensation from      | (E) Reportable compensation from related | (F) Estimated amount of other  |
|---|---|--------------------------------|-------------------------------------|---------|--------------|------------------------------|--------|--|--|--|
|   | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | Individual trustae or director | Institutional trustee               | Officer | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| Marilyn Hogan   |   |                                |                                     |         |              |                              |        | 144 014                                | •  |  |
| Prior president/CEO   | 40.00   | Х                              |                                     |         | X            |                              |        | 144,214.                               | 0.                                       | 0  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              | _                            |        |  |  | <del></del>  |
|   |   | ļ                              |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
| <del></del>   |   |                                |                                     |         |              |                              |        |  |  | ,  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     | _       |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |
|   |   |                                |                                     |         |              |                              |        |  |  |  |

Form 990 (2010)

| (a d) | Section A. Officers, Directors, Tru   |                      | mple               | oyee                  |         |              | High                         | est         |                                | 1                             | —           |               |               |                |
|-------|---|----------------------|--------------------|-----------------------|---------|--------------|------------------------------|-------------|--------------------------------|-------------------------------|-------------|---------------|---------------|----------------|
|       | (A)   | (B)                  |                    |                       |         | C)           | _                            |             | (D)                            | (E)                           |             |               | (F)           |                |
|       | Name and title  | Average<br>hours per | ~                  |                       |         |              |                              | hA          | Reportable                     | Reportable                    |             |               | mate          |                |
|       |   | week                 | الم                | T                     | an I    | ınat<br>T    | . app                        | יי <i>ן</i> | compensation                   | compensation                  | י           |               | ount o        | OĪ             |
|       |   | (describe            | 혅                  |                       |         |              |                              |             | from<br>the                    | from related<br>organizations |             | comp          | ther<br>ensa  | tion           |
|       |   | hours for            | or director        |                       |         |              | <u> </u>                     | Ì           | organization                   | (W-2/1099-MIS                 |             |               | ensa<br>m the |                |
|       |   | related              | gg                 | _ rsta                |         |              | en Sz                        |             | (W-2/1099-MISC)                | (** 2) 1000 11110             |             | orgai         |               |                |
|       |   | organizations        | a fr               | l E                   |         | 86           | E S                          |             | ,                              |                               |             | •             | relate        |                |
|       |   | ın Schedule          | Individual frustee | Institutional trustee | Officer | Key employee | Highest compensated employee | Former      |                                |                               |             | organ         | ıızatı        | ons            |
|       |   | 0)                   | Ē                  | Ĕ                     | ъ       | ङ            | ₹5                           | 윤           |                                |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
|       | to the second se  |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              | -                            |             |                                |                               |             |               |               |                |
|       | · · · · · · · · · · · · · · · · · · ·   |                      | _                  |                       |         |              | ├-                           | ļ <u>.</u>  |                                |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              | <del> </del>                 |             |                                |                               |             |               | <del></del>   |                |
|       |   |                      | _                  |                       |         |              | -                            | <u>-</u> -  |                                |                               |             | •             |               |                |
|       |   |                      | _                  |                       |         |              |                              |             |                                |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               | İ           |               |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
| 1 b   | Sub-total Sub-total   | <u></u>              | <u> </u>           |                       |         |              | <b></b>                      |             | 144,214.                       |                               | 0.          |               |               | 0.             |
| С     | Total from continuation sheets to Part VI   | I, Section A         |                    |                       |         |              | $\blacktriangleright$        |             | 0.                             |                               | 0.          |               |               | 0.             |
|       | Total (add lines 1b and 1c)   |                      |                    |                       |         |              | $\blacktriangleright$        |             | 144,214.                       | -                             | 0.          |               |               | 0.             |
| 2     | Total number of individuals (including but n  | ot limited to th     | ose                | liste                 | ed at   | oove         | e) wh                        | no re       | eceived more than \$100        | ,000 in reportable            |             |               |               |                |
|       | compensation from the organization  | <del></del>          |                    |                       |         |              |                              |             | <del></del>                    |                               |             |               | es            | <u>1</u><br>No |
| 3     | Did the organization list any <b>former</b> officer,  | director or trus     | stee               | . ke                  | v em    | rolar        | vee.                         | or h        | ighest compensated en          | nplovee on                    | Γ           | · •           | -             | -110           |
|       | line 1a? If "Yes," complete Schedule J for s  |                      |                    | ,                     | ,       | .,           | ,,                           |             |                                |                               | 1           | 3             | 1             | Х              |
| 4     | For any individual listed on line 1a, is the su   |                      | le co              | amo                   | ensa    | ation        | n and                        | oth         | ner compensation from          | the organization              |             |               |               |                |
|       | and related organizations greater than \$150  |                      |                    |                       |         |              |                              |             |                                |                               | İ           | 4             | 1             | Х              |
| 5     | Did any person listed on line 1a receive or a   | accrue comper        | nsat               | ion f                 | rom     | any          | unr                          | elate       | ed organization or indivi      | dual for services             |             |               |               |                |
|       | rendered to the organization? If "Yes," com   | plete Schedule       | e <i>J f</i>       | or su                 | ıch p   | oers         | son                          |             |                                |                               |             | 5             |               | X              |
|       | tion B. Independent Contractors   |                      | 4.                 |                       |         |              |                              |             |                                | <b>0</b> 400.000.0            | <del></del> |               |               |                |
| 1     | Complete this table for your five highest co the organization NONE  | mpensated inc        | epe                | ende                  | nt Co   | ontr         | acto                         | rs th       | nat received more than         | → IUU,UUU of comp             | ensa        | ation fro     | m             |                |
|       | <b>(A)</b><br>Name and business   | address              |                    |                       |         |              |                              |             | <b>(B)</b><br>Description of s | envices                       | C,          | (C)<br>ompens | ation         |                |
|       | . tamo and boolijios  |                      |                    | _                     | -       |              |                              | $\dashv$    | 2000 phon or a                 | 2.11003                       |             |               |               | <u> </u>       |
|       |   | <del></del>          |                    |                       |         |              |                              | $\perp$     |                                |                               |             | <del></del>   |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              | -                            |             |                                |                               |             | <del></del>   |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
| -     |   |                      |                    |                       |         |              |                              | -           | -                              |                               |             |               |               |                |
|       |   |                      |                    |                       |         |              |                              |             |                                |                               |             |               |               |                |
| 2     | Total number of independent contractors (ii \$100,000 in compensation from the organization                      | ot lir             | mite                  | d to    | thos<br>(    | •                            | ted         | above) who received m          | ore than                      |             |               |               |                |
|       | wisospoo in compensation from the organiz   | allon                |                    |                       |         | `            |                              |             |                                | Ł                             |             | orm QC        | <u>) (2</u>   | 010)           |

|  | rt VI | in Statement of Rever   | ilue                |                      | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|--|-------|---|---------------------|----------------------|----------------------|--|---|---|
| nts<br>nts   | 1 a   | Federated campaigns   | 1a                  |                      |                      |  |   |   |
| ga   | b     | Membership dues   | 1b                  | 72,500.              |                      |  |   |   |
| ts,<br>am  | C     | Fundraising events  | 1c                  |                      |                      |  |   |   |
| <u>a</u>   | C     | I Related organizations   | 1d                  |                      |                      |  |   |   |
| Sim  |       | <ul> <li>Government grants (contribut</li> </ul>  | · —                 |                      |                      |  |   |   |
| F  | f     | All other contributions, gifts, gran  |                     | 5 252                |                      | [                                      |   |   |
| 훈制   |       | similar amounts not included abo  |                     | 5,250.               |                      |  |   |   |
| Contributions, gifts, grants and other similar amounts |       | Noncash contributions included in lines   | 3 1a-1f \$          |                      | 77 750               |  |   |   |
| 5 10   | h     | Total. Add lines 1a-1f  |                     |                      | 77,750.              |  |   |   |
|  | •     | Press Cred/NCSA   | \ /EM               | Business Code 515100 | 273,946.             | 273,946.                               |   |   |
| Š  | 2 a   | 17  | X/ EPI              | 515100               | 47,571.              | 47,571.                                |   |   |
| Ser  | b     | Dwagnam Ingama  |                     | 515100               | 37,765.              | 37,765.                                |   |   |
| E  | 0     |   |                     | 313100               | 37,703.              | 37,703.                                |   |   |
| Program Service<br>Revenue                             | d     | ·   | <del></del>         |                      |                      |  |   |   |
| Pro  | f     | All other program service reve  | anue.               |                      |                      |  |   |   |
| İ  |       | Total. Add lines 2a-2f  | , iido              | <b></b>              | 359,282.             |  |   | ············  |
|  | 3     | Investment income (including  | dividends, intere   |                      | 000,000              |  |   |   |
| j  |       | other similar amounts)  |                     | <b>•</b>             | 40,960.              | 40,960.                                |   |   |
|  | 4     | Income from investment of ta  | x-exempt bond a     | oroceeds ►           |                      |  |   |   |
| 1  | 5     | Royalties   |                     | <b>&gt;</b>          |                      |  |   |   |
| }  |       | •   | (i) Real            | (ii) Personal        |                      |  |   |   |
| ı  | 6 a   | Gross Rents   |                     |                      |                      |  |   |   |
| ļ  | b     | Less: rental expenses   |                     |                      |                      |  |   |   |
|  | c     | : Rental income or (loss)   |                     |                      |                      |  |   |   |
|  | d     | Net rental income or (loss)   |                     | <b>&gt;</b>          |                      |  |   |   |
| ,  | 7 a   | Gross amount from sales of  | (i) Securities      | (II) Other           |                      |  |   |   |
|  |       | assets other than inventory   |                     |                      |                      |  |   |   |
|  | b     | Less: cost or other basis   |                     |                      | ]                    |  |   |   |
|  |       | and sales expenses  |                     |                      |                      |  |   |   |
|  | C     | Gain or (loss)  | L                   | <u> </u>             |                      |  |   |   |
|  | d     | Net gain or (loss)  |                     | <b>•</b>             |                      |  |   |   |
| e l  | 8 a   | Gross income from fundraisin  | -                   |                      |                      |  |   |   |
| Other Revenu   |       | including \$  | of                  |                      |                      |  |   |   |
| æ  |       | contributions reported on line  |                     |                      |                      |  |   |   |
| her  |       | Part IV, line 18  | a                   |                      |                      |  |   |   |
| ੋ ਹੈ   |       | Less: direct expenses   | b<br>dravana avanta |                      |                      |  |   |   |
|  |       | <ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ad</li> </ul> | -                   |                      |                      |  |   |   |
|  | 3 0   | Part IV, line 19  | a a                 |                      |                      |  |   |   |
|  | ь     | Less: direct expenses   | b                   |                      |                      |  |   |   |
|  |       | : Net income or (loss) from gam   |                     | <b>•</b>             |                      |  | 1                                       |   |
|  |       | Gross sales of inventory, less  | -                   |                      |                      |  |   | ***************************************                               |
|  |       | and allowances  | а                   |                      |                      |  |   |   |
|  | b     | Less: cost of goods sold  | b                   |                      |                      |  |   |   |
|  |       | Net income or (loss) from sale  | s of inventory      | <b>•</b>             |                      |  |   |   |
| Ī  |       | Miscellaneous Revenu  |                     | Business Code        |                      |  |   |   |
|  | 11 a  | 0.1.  |                     | 515100               | 3,236.               | 3,236.                                 |   |   |
|  | b     | Directory Sales   | 5                   | 515100               | 2,290.               | 2,290.                                 |   |   |
|  | c     |   |                     |                      |                      |  |   |   |
|  | d     | All other revenue   | _                   |                      |                      | · · · · · · · · · · · · · · · · · · ·  |   |   |
|  | е     | Total. Add lines 11a-11d  |                     | ▶                    | 5,526.               |  |   | ·····   |
| 03200  | 12    | Total revenue. See instructions   |                     |                      | 483,518.             | 405,768.                               | 0.                                      | 0.  |
| 03200<br>12-21   | -10   |   |                     |                      |                      |  |   | Form <b>990</b> (2010)  |

#### Part IX Statement of Functional Expenses

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

|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B) Program service expenses          | e columns (B), (C), and (D) (C)  Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses   |
|---------|--|-----------------------|---------------------------------------|--|---|
| 1       | Grants and other assistance to governments and   |                       |                                       |  |   |
|         | organizations in the U.S. See Part IV, line 21   |                       |                                       |  |   |
| 2       | Grants and other assistance to individuals in  |                       |                                       |  |   |
|         | the U.S. See Part IV, line 22  | 9,983.                | 9,983.                                |  |   |
| 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,   | 100 600               | 101 605                               | 06 007   |   |
|         | trustees, and key employees  | 188,622.              | 101,695.                              | 86,927.  |   |
| 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)   | 2 000                 | 2 600                                 | 1 200  |   |
|         | and section 403(b) employer contributions)   | 3,900.                | 2,600.                                | 1,300.   |   |
| 9       | Other employee benefits  |                       |                                       |  |   |
| 10      | Payroll taxes  |                       | · · · · · · · · · · · · · · · · · · · |  | ·                                       |
| 11      | Fees for services (non-employees).   |                       |                                       |  |   |
| a       | Management   |                       |                                       |  |   |
| b       | Legal  |                       |                                       |  |   |
| c<br>C  | Accounting   |                       |                                       |  |   |
| đ       | Lobbying Professional fundraising services See Part IV, line 17  |                       |                                       |  |   |
| e<br>f  | · F  |                       |                                       |  |   |
|         | Investment management fees Other   | 40,180.               | 28,385.                               | 11,795.  |   |
| 9<br>12 | Advertising and promotion  | 5,591.                | 2,842.                                | 2,749.   |   |
| 13      | Office expenses  | 19,464.               | 13,830.                               | 5,634.   |   |
| 14      | Information technology   | 25 / 25 25            | 20,0001                               | 3,0010   | · · · · · · · · · · · · · · · · · · ·   |
| 15      | Royalties  |                       |                                       |  |   |
| 16      | Occupancy  | 9,178.                | 6,119.                                | 3,059.   | ·                                       |
| 17      | Travel   | 15,159.               | 11,369.                               | 3,790.   | <del></del>                             |
| 18      | Payments of travel or entertainment expenses   |                       |                                       | •  |   |
|         | for any federal, state, or local public officials  |                       |                                       |  |   |
| 19      | Conferences, conventions, and meetings   |                       |                                       |  |   |
| 20      | Interest   | 87,961.               | 87,331.                               | 630.   |   |
| 21      | Payments to affiliates   |                       |                                       |  | ······································  |
| 22      | Depreciation, depletion, and amortization  | 674.                  | 449.                                  | 225.   | · · · · · · · · · · · · · · · · · · ·   |
| 23      | Insurance  | 2,518.                | 1,679.                                | 839.   |   |
| 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) |                       |                                       |  | 111111111111111111111111111111111111111 |
| а       | Program Expense  | 26,513.               | 26,513.                               |  |   |
| b       | Other  | 8,433.                | 5,622.                                | 2,811.   |   |
| С       | Equipment Expense  | 563.                  |                                       | 563.   |   |
| d       |  |                       |                                       |  |   |
| е       |  |                       |                                       |  |   |
| f       | All other expenses   |                       |                                       |  |   |
| 25      | Total functional expenses. Add lines 1 through 24f   | 418,739.              | 298,417.                              | 120,322.   | C                                       |
| 26      | Joint costs Check here ▶ ☐ If following SOP  |                       |                                       |  |   |
|         | 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 solicitation                            |                       |                                       |  |   |

032010 12-21-10

| Pa                          | rt X | Balance Sheet  |                          |     |                           |
|-----------------------------|------|--|--------------------------|-----|---------------------------|
|                             |      |  | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1    | Cash · non-interest-bearing  | 180,754.                 | 1   | 176,534.<br>577,132.      |
|                             | 2    | Savings and temporary cash investments   | 488,652.                 | 2   | 577,132.                  |
|                             | 3    | Pledges and grants receivable, net   |                          | 3   |                           |
|                             | 4    | Accounts receivable, net   | 12,429.                  | 4   | 12,642.                   |
|                             | 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                  |                          |     |                           |
|                             |      | employees' beneficiary organizations (see instructions)                                |                          | 6   |                           |
| Assets                      | 7    | Notes and loans receivable, net  |                          | 7   |                           |
| Ass                         | 8    | Inventories for sale or use  |                          | 8   |                           |
|                             | 9    | Prepaid expenses and deferred charges  | 1,554.                   | 9   | 2,847.                    |
|                             | 10a  | Land, buildings, and equipment: cost or other  |                          |     |                           |
| ,                           |      | basis. Complete Part VI of Schedule D Less accumulated depreciation  10a 15,206 12,523 | <u>.</u>                 |     |                           |
|                             | ь    | Less: accumulated depreciation 10b 12,523  | . 760.                   | 10c | 2,683.                    |
|                             | 11   | Investments · publicly traded securities   |                          | 11  |                           |
|                             | 12   | Investments - other securities See Part IV, line 11                                    |                          | 12  |                           |
|                             | 13   | Investments - program-related. See Part IV, line 11                                    |                          | 13  |                           |
|                             | 14   | Intangible assets  |                          | 14  |                           |
|                             | 15   | Other assets. See Part IV, line 11   |                          | 15  |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line 34)                              | 684,149.                 | 16  | 771,838.<br>4,972.        |
|                             | 17   | Accounts payable and accrued expenses  | 14,779.                  | 17  | 4,972.                    |
|                             | 18   | Grants payable   |                          | 18  |                           |
|                             | 19   | Deferred revenue   | 24,500.                  | 19  |                           |
|                             | 20   | Tax-exempt bond liabilities  |                          | 20  | <del></del>               |
| es                          | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D                  |                          | 21  |                           |
| Liabilities                 | 22   | Payables to current and former officers, directors, trustees, key employees,           |                          |     |                           |
| ia.                         |      | highest compensated employees, and disqualified persons. Complete Part II              |                          |     |                           |
| _                           |      | of Schedule L  |                          | 22  |                           |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties                         |                          | 23  |                           |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties                           |                          | 24  |                           |
| 1                           | 25   | Other liabilities. Complete Part X of Schedule D                                       | 9,881.                   | 25  | 4,810.                    |
|                             | 26   | Total liabilities. Add lines 17 through 25   | 49,160.                  | 26  | 9,782.                    |
|                             |      | Organizations that follow SFAS 117, check here   X and complete                        |                          |     |                           |
| Ses                         |      | lines 27 through 29, and lines 33 and 34.  | 624 000                  |     | 760 056                   |
| aŭ                          | 27   | Unrestricted net assets  | 634,989.                 | 27  | 762,056.                  |
| Ba                          | 28   | Temporarily restricted net assets  |                          | 28  |                           |
| Ē                           | 29   | Permanently restricted net assets  |                          | 29  |                           |
| Ę                           |      | Organizations that do not follow SFAS 117, check here and                              |                          |     |                           |
| S                           |      | complete lines 30 through 34.  |                          |     |                           |
| set                         | 30   | Capital stock or trust principal, or current funds                                     |                          | 30  |                           |
| As                          | 31   | Paid in or capital surplus, or land, building, or equipment fund                       |                          | 31  |                           |
| Net Assets or Fund Balances | 32   | Retained earnings, endowment, accumulated income, or other funds                       | 624 000                  | 32  | 762 056                   |
| _                           | 33   | Total net assets or fund balances  | 634,989.                 | 33  | 762,056.                  |
|                             | 34   | Total liabilities and net assets/fund balances   | 684,149.                 | 34  | 771,838.                  |

Form **990** (2010)

| Farm | ( .<br>1990 (2010) Colorado Broadcasters Association  | 84-605     | 9736                | Par   | na 12            |  |
|------|---|------------|---------------------|---|------------------|--|
|      |   | 04-003     | <del>5750</del>     | _ ray   | <del>JO 12</del> |  |
| ra   | The Reconciliation of Net Assets  |            |                     |   | X                |  |
|      | Check if Schedule O contains a response to any question in this Part XI   |            |                     |   |                  |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1          | 48                  | 3,5   | 18.              |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 418,739.            |   |                  |  |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3          | 6                   | X<br>483,518.   |                  |  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4          | 634,989.<br>62,288. |   |                  |  |
| 5    | Other changes in net assets or fund balances (explain in Schedule O)  | 5          | 6:                  | X<br>183,518.<br>118,739.<br>64,779.<br>634,989.<br>62,288.<br>762,056.<br>Yes No |                  |  |
| 6    | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))        |            |                     |   | 56.              |  |
|      | rt XII Financial Statements and Reporting   |            | -                   |   |                  |  |
|      | Check if Schedule O contains a response to any question in this Part XII  |            |                     |   |                  |  |
|      |   |            |                     | Yes   | No               |  |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |            |                     |   | •                |  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | О.         |                     |   |                  |  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |            | 2a                  |   |                  |  |
| b    | Were the organization's financial statements audited by an independent accountant?                                    |            | 2b                  |   | X                |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audit,   |                     |   |                  |  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |            |                     |   |                  |  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     | edule O.   |                     |   |                  |  |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue     | d on a     |                     |   |                  |  |
|      | separate basis, consolidated basis, or both:  |            |                     |   |                  |  |
|      | Separate basis Consolidated basis 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 Si    | ngle Audıt |                     |   |                  |  |
|      | Act and OMB Circular A-133?   |            | 3a                  |   | _X               |  |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit |                     |   |                  |  |
|      | or guidite, explain why in Schodule O and departhe any stone taken to undergo such guidite                            |            | 36                  |   |                  |  |

Form **990** (2010)

032012 12-21-10

#### 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.

2010
Open to Public Inspection

Name of the organization

Colorado Broadcasters Association

Employer identification number 84-6059736

| Pa   | Part I Organizations Maintaining Donor Advised 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)   |   | <u>-</u>                                   |  |  |  |  |  |
| 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   | d funds                                    |  |  |  |  |  |
|      | are the organization's property, subject to the organization's   | exclusive legal control?  | Yes No                                     |  |  |  |  |  |
| 6    | Did the organization inform all grantees, donors, and donor a  | dvisors in writing that grant funds can be us   | sed only                                   |  |  |  |  |  |
|      | for charitable purposes and not for the benefit of the donor of  | or donor advisor, or for any other purpose co   | onferring                                  |  |  |  |  |  |
|      | impermissible private benefit?   |   | Yes No                                     |  |  |  |  |  |
| Pa   | rt II Conservation Easements. Complete if the or   | ganization answered "Yes" to Form 990, Par  | t IV, line 7.                              |  |  |  |  |  |
| 1    | Purpose(s) of conservation easements held by the organizat   | ion (check all that apply).   |  |  |  |  |  |  |
|      | Preservation of land for public use (e.g., recreation or education)                                      |   |  |  |  |  |  |  |
|      | Protection of natural habitat  | Preservation of a certifie  | ed historic structure                      |  |  |  |  |  |
|      | Preservation of open space   |   |  |  |  |  |  |  |
| 2    | Complete lines 2a through 2d if the organization held a quali  | fied conservation contribution in the form of   | a conservation easement on the last        |  |  |  |  |  |
|      | day of the tax year.   |   | paranty                                    |  |  |  |  |  |
|      |  |   | Held at the End of the Tax Year            |  |  |  |  |  |
| а    | Total number of conservation easements   |   | 2a   |  |  |  |  |  |
| b    | Total acreage restricted by conservation easements   | Total acreage restricted by conservation easements  |  |  |  |  |  |  |
| c    | Number of conservation easements on a certified historic str   | * *   | 2c   |  |  |  |  |  |
| d    | Number of conservation easements included in (c) acquired  |   |  |  |  |  |  |  |
|      | listed in the National Register  |   | 2d   |  |  |  |  |  |
| 3    | Number of conservation easements modified, transferred, re   | leased, extinguished, or terminated by the o  | rganization during the tax                 |  |  |  |  |  |
|      | year ►   |   |  |  |  |  |  |  |
| 4    | Number of states where property subject to conservation ea   |   |  |  |  |  |  |  |
| 5    | Does the organization have a written policy regarding the pe   |   | [ <del></del> ]                            |  |  |  |  |  |
| ٠ ـ  | violations, and enforcement of the conservation easements  |   | Yes No                                     |  |  |  |  |  |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting,   |   | _  |  |  |  |  |  |
| 7    | Amount of expenses incurred in monitoring, inspecting, and   |   | •  |  |  |  |  |  |
| 8    | •  | Does each conservation easement reported on line 2(d) above 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   |   |  |  |  |  |  |  |
|      | include, if applicable, the text of the footnote to the organiza   | tion's financial statements that describes the  | e organization's accounting for            |  |  |  |  |  |
| Da   | conservation easements rt III   Organizations Maintaining Collections o                                  | f Art Historical Treasures or Oth   | or Similar Assots                          |  |  |  |  |  |
| 1 44 | Complete if the organization answered "Yes" to Form  |   | ici Olimai Assetsi                         |  |  |  |  |  |
| 1a   | If the organization elected, as permitted under SFAS 116 (AS   |   | nt and balance sheet works of art.         |  |  |  |  |  |
|      | historical treasures, or other similar assets held for public ex   |   |  |  |  |  |  |  |
|      | the text of the footnote to its financial statements that descr  |   |  |  |  |  |  |  |
| b    | If the organization elected, as permitted under SFAS 116 (AS   |   | nd balance sheet works of art, historical  |  |  |  |  |  |
| -    | treasures, or other similar assets held for public exhibition, e   | •   |  |  |  |  |  |  |
|      | relating to these items:   |   | o con need, pro need the remaining amounts |  |  |  |  |  |
|      | (i) Revenues included in Form 990, Part VIII, line 1   |   | <b>▶</b> \$                                |  |  |  |  |  |
|      | (ii) Assets included in Form 990, Part X   |   | <b>&gt;</b> \$                             |  |  |  |  |  |
| 2    | If the organization received or held works of art, historical tre  | asures, or other similar assets for financial o   |  |  |  |  |  |  |
| -    | the following amounts required to be reported under SFAS 1   |   | anni ta a si a a                           |  |  |  |  |  |
| а    | Revenues included in Form 990, Part VIII, line 1   | TO VILLE GOOD FORMING TO THOSE ROTTES   | <b>&gt;</b> \$                             |  |  |  |  |  |
| b    |  |   | <b>&gt;</b> \$                             |  |  |  |  |  |
|      | , access more and announced and a  |   |  |  |  |  |  |  |
|      |  |   |  |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

(7)(8) (9)(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial

2. FIN 48 (ASC 740) 4 , 810 . Into that reports the organization's liability for uncertain tax positions under

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. Association Colorado Broadcasters General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

2010
Comen to Public.

% × **Employer identification number** 84 - 6059736(h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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 ame and address of organization (b) EIN (c) IRC section or government assistance or government assistance assistance other) 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? 1 (a) Name and address of organization Part II

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)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) 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 ٥. 0 18 (c) Amount of cash grant (b) Number of recipients Continuing Education Scholarships: 9426 (a) Type of grant or assistance Donations: 650 032102 01-13-11

Page 2

84-6059736

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.

Colorado Broadcasters Association

Schedule I (Form 990) (2010)

Part III Grants and Other

#### 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-F7.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional info

Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number 84-6059736

|       |       |         | Colorado Broadcasters Association |             |             | 84-6059736  |               |              |             |             |                    |
|-------|-------|---------|-----------------------------------|-------------|-------------|-------------|---------------|--------------|-------------|-------------|--------------------|
| Form  | 990,  | Part    | VI,                               | Section     | B, line     | 11:         | Presidnet/CEC | revi         | ewed        | 990         | before             |
| it wa | as fi | led     |                                   |             |             |             |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               |              |             | -1-         |                    |
| Form  | 990,  | Part    | VI,                               | Section     | C, Line     | 19:         | Upon request  |              |             |             | · <del>- · ·</del> |
| -     |       |         |                                   |             |             |             |               |              | ·           |             |                    |
| Form  | 990,  | Part    | XI,                               | line 5,     | Changes     | in 1        | Net Assets:   |              |             |             |                    |
| Net 1 | unrea | lized   | gair                              | ns on inv   | vestments   | 5:          |               |              | <del></del> | <del></del> | 62,288.            |
| :     |       |         |                                   | <del></del> |             |             |               |              |             |             |                    |
|       |       |         | -                                 |             |             | <del></del> |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               |              |             |             |                    |
| -     |       |         | ·····                             |             |             |             |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               | <del> </del> |             |             |                    |
|       |       |         |                                   |             |             |             | ,             |              |             |             |                    |
|       |       |         |                                   |             |             |             |               |              |             |             |                    |
|       | _     |         | ·                                 |             |             |             |               |              |             |             |                    |
|       | ···   | · · · - |                                   |             |             |             |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               | <del></del>  |             |             |                    |
|       |       |         |                                   |             |             | <u> </u>    |               |              |             |             |                    |
|       |       |         |                                   |             | <del></del> |             |               |              | <del></del> |             |                    |
|       | ·     |         |                                   |             |             |             |               |              |             | <del></del> |                    |
|       |       |         |                                   |             |             |             |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               |              |             |             |                    |
|       |       |         |                                   |             |             |             |               |              |             |             |                    |