

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JUN 2 6 2013

## **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)

Department of the Treasury

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

A	For th	e 2012 calendar year, or tax year beginning and end	ding							
В	Check if applicab	C Name of organization	-	D Employer identi	fication number					
Г	Addre	BOULDER COMMUNITY MEDIA								
Ē	Name			83-	0473258					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number						
	Termi	PO BOX 994		303	<u>-910-5782</u>					
	Amen			G Gross receipts \$	89,000.					
	Appli	BOODDER, CO 00300		H(a) Is this a group return						
	pendi	F Name and address of principal officer:ALAN O'HASHI		for affiliates? Yes X No						
		1906 13TH ST STE. 101, BOULDER, CO 8030	)6	H(b) Are all affiliates i	ncluded? Yes No					
Τ.	Tax-ex	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instructions)					
	J Website: ► N/A H(c) Group exemption number ►									
		forganization: X Corporation Trust Association Other	L Year o	of formation: 2007	M State of legal domicile: CO					
P	art I	Summary								
ē	1	Briefly describe the organization's mission or most significant activities VIDEO	PROD	UCTION SER	VICES					
Governance	2	Check this box I if the organization discontinued its operations or disposed	d of more	than 25% of its net	accate					
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		3						
ဗ္	4	Number of independent voting members of the governing body (Part VI, line 1b)		4						
ණ ග	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5						
iţie	6	Total number of volunteers (estimate if necessary)		6						
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12		7;						
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34		7						
	<del>                                     </del>	The division business testable mount and testable in the second in the s		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		0						
n E	9	Program service revenue (Part VIII, line 2g)		80,832	<del></del>					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1						
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		80,833	. 89,000.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	<del></del>					
Expenses	16a	Professional fundraising fees (Part ) - column (A), line 11e)		0	. 0.					
Ž	b	Total fundraising expenses (Part-IX, column (D), line 25)	<u>).                                    </u>							
Ш	17	Other expenses (Part IX, column (A), lines 11e 11d, 1424e) Total expenses Add lines 13 17 must equal Part IX (Column (A), line 25)	-	81,296	. 89,671.					
	18		<u> </u>	81,296						
- "	19	Revenue less expenses. Subtract line-18-from line-12		-463						
Net Assets or Fund Balances		I OGDEN, UI	Beg	ginning of Current Yea						
SSE	20	Total assets (Part X, line 16)	<u> </u>	8,244						
iet d	21	Total liabilities (Part X, line 26)	<u> </u>	. 0	<del></del>					
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	<u>-</u>	8,244	7,573.					
		alties of perjury, I declare that have examined this return, including accompanying schedules an	nd stateme	ante and to the heet of	my knowledge and helief it is					
		ct, and complete. Declaration of repare other than officer) is based on all information of which		•	my knowledge and pelici, it is					
	, 00.10		, рубраго.	<u> </u>						
Sig	ก	Signature of officer		Date						
Here ALAN O'HASWI, MANAGER										
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	I .	ate Check	PTIN					
Pai	d	Kichard Lane Kichur 94		5-14-13 self-emp						
	parer	Firm's name RICK LANE CERTIFIED PUBLIC ACCOUN		, PC Firm's EIN	52-2249321					
Use	Only	Firm's address 4730 TABLE MESA DRIVE, SUITE B-10	0							
	BOULDER, CO 80305 Phone no.									
		RS discuss this return with the preparer shown above? (see instructions)			Yes No					
2320	001 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.	3.		Form <b>990</b> (2012)					

		OMMUNITY MEDIA	83-0	4/3258 Page 2
Pa	rt III Statement of Program Service	•		
	Check if Schedule O contains a respon	se to any question in this Part III		
1	Briefly describe the organization's mission VIDEO PRODUCTION SERVICE	CES		
		t a second and the controls	oh wore not leted on	
2	Did the organization undertake any significan the prior Form 990 or 990-EZ?	t program services during the year will	ch were not listed on	☐ Yes X No
_	If "Yes," describe these new services on Scho		ata any program convecce?	Yes X No
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedule	_	cts, any program services?	LIYES LA_INO
4	Describe the organization's program service a	· · · · · · · · · · · · · · · · · · ·		
	Section 501(c)(3) and 501(c)(4) organizations revenue, if any, for each program service repo			tal expenses, and
4a		9,671. including grants of \$		89,000.
	VIDEO PRODUCTION SERVICE		, , , , , , , , , , , , , , , , ,	
			<del></del>	
			<del> </del>	
			<u> </u>	<del></del>
		· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	
4ç	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
				<u></u>
		<del></del>		
4d	Other program services (Describe in Schedule		) (Revenue \$	,
4e	(Expenses \$ includ  Total program service expenses ▶	89,671.	\ (uavaine 2	
_ <u>~</u> _			· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2012)

		<u>473258</u>	P	age 🤄
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	or	,	}
	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 e	effect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	or _		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	о 🗆		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, F	I	}	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, perman			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule L	D.   1		
_	Part VI	11a	X	
b		114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ľ	Х
а	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	1.0		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	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	-110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
···	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, busines			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00			
	or more? 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		
	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 individua			
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		X
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	10		x

20b Form 990 (2012)

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

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

83-0473258 BOULDER COMMUNITY MEDIA Page 4 Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 Х 25a 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 X Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

38 X Form 990 (2012)

37

X

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_1a	0	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ì	_	İ		l
	filed for the calendar year ending with or within the year covered by this return	2a	0	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a	1		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country				!	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?		5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he orga	anization solicit			_
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	·		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	ıd the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			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					
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				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	•	12a		
Ь	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<del></del>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,				
	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	Δ ()		14h	. 1	

232005 12-10-12 Form **990** (2012)

83-0473258 Form\_990 (2012) BOULDER COMMUNITY MEDIA 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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 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 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Rа **b** Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RICK LANE CERTIFIED PUBLIC ACCOUNTA - 303-541-9433

<u>4730 TABLE MESA DRIVE, SUITE B-100, BOULDER, CO 80305</u>

Form 990 (2012)

Other (explain in Schedule O)

## 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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	an compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN O'HASHI MANAGER	40.00							23,500.	0.	0
(2) DORREL EDSTRAND	5.00									
CHAIR (3) BOB LARUE	5.00	_	-					0.	0.	0
BOARD MEMBER (4) PAUL DAUGHERTY	5.00	_	_					0.	0.	0
SECRETARY (5) ROBIN BEECK	5.00				_			0.	0.	0
SOARD MEMBER	-	<del> </del>						0.	0.	0
		_								
		<del> </del> <del> </del>					<u></u>			
										<del> </del>
		_					-			
		-					-			

Form 990 (2012)

rai	Section A. Officers, Directors, Tru	<u>stees, Key Em</u>	ploy	<u>ees</u>	, an	d Hi	ighe	st C	ompensated Employe	es (continuea)			
	(A) Name and title			(C) Position					( <b>D)</b> Reportable	(E) Reportable		(F) Estimat	ed
	Namo and tito	Average hours per					than is bot		compensation	compensation	- 1	mount	
		week					or/trus		from	from related		other	r
		(list any	ector			ĺ			the	organizations		mpens	ation
		hours for	or di			ĺ	ated		organization	(W-2/1099-MISC)		from th	
		related	stee	truste			pens		(W-2/1099-MISC)			rganıza	
		organizations below	la tr	onal		e e	E Com	employee Former			- 1	nd rela	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	nptoy	Ē	ļ		Org	ganızat	lions
-			=	트	6	¥	ᆍᄛ	Œ	· · · · · · · · · · · · · · · · · · ·		$\dashv$		
			1		1						Ì		
		<u> </u>	$\vdash$	-		<u> </u>	$\vdash$	-			-		<u></u> _
			1										
			-			ļ							
			$\vdash$	-		-	-	$\vdash$			+		<del></del>
						_							
			-								}		
		<del></del>	$\vdash$	-	-			_			<del> </del>		
			1_		_			L					
			-										
		<del> </del>	$\vdash$	-							1		
			1				<u> </u>	L.			_		
	Sub-total	# O - N A							23,500.	0			0.
	Total from continuation sheets to Part \	/II, Section A							23,500.	0			0.
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (including but	not limited to th		linte			اسده			<del></del>	•		<u>, o</u>
2	compensation from the organization	not infilted to ti	1050	IISLE	eu ai	DOV	e, wi	10 16	aceived more man proc	,,000 or reportable			(
	<u> </u>											Yes	No
3	Did the organization list any former office	r, director, or tri	uste	e, ke	y er	nplo	уее	, or I	highest compensated e	mployee on		T	
	line 1a? If "Yes," complete Schedule J for	such individual									3		X
4	For any individual listed on line 1a, is the s	sum of reportab	ile co	omp	ensa	atior	n and	d oth	ner compensation from	the organization			
	and related organizations greater than \$15			-							4	<del></del>	X
5	Did any person listed on line 1a receive or	·				-		elate	ed organization or indiv	idual for services			
	rendered to the organization? If "Yes," con	mplete Schedui	<u>e</u> J f	or s	uch	pers	son			<del> </del>	5	Ь	X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest c	ompensated in	den		nt c	ont	racto	are t	hat received more than	\$100,000 of compa	neation		
'	the organization Report compensation fo										iisatioi	110111	
	(A)								(B)			(C)	
	Name and busines	s address	N	INC	<u> </u>				Description of s	services		ensatio	on
								}					
								$\dashv$					
								_					
								İ					
				_	_			$\dashv$	<del>-</del>				
				-				_	<del></del>		_		
2	Total number of independent contractors	(including but r	iot lii	mite	d to		_	sted	above) who received n	nore than			
	\$100,000 of compensation from the organ	ization >				(	0			L	<b>-</b>	- 000	(0010)
232008 12-10-	3 12										rom	n <b>990</b>	(2012)

83-0473258 BOULDER COMMUNITY MEDIA Page 9 Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 541900 87,498. 87,498 2 a PRODUCTION SERVICES IN Program Service Revenue 1,500 541900 1,500. b STATE OF WYOMING f All other program service revenue 88,998. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 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) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

89,000

89,000.

Form 990 (2012)

0.

## Form 990 (2012) BOULDER COMMUNITY MEDIA Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	se to any question in the	IS Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	_			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			<del></del>	<del> </del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	}			
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (non-employees).	23,500.	_ 23,500.		
a	Management	23,500.	23,300.		
b	Legal	500.	500.		<del></del>
C	Accounting				<u></u>
đ	Lobbying Professional fundraising services. See Part IV, line 17				<del></del>
•	Investment management fees	·-·		····	
'	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	13,153.	13,153.		
12	Advertising and promotion	7,797.	7,797.		
13	Office expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
14	Information technology				<del></del>
15	Royalties			-	
16	Occupancy	5,954.	5,954.		
17	Travel	2,596.	2,596.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,340.	2,340.		
23	Insurance	958.	958.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	7,980.	7,980.		
b	AUTO EXPENSE	5,296.	5,296.		
С	MEALS	4,537.	4,537.		
d	DUES & SUBSCRIPTIONS	3,809.	3,809.		
е	All other expenses See Sch O	11,251.	11,251.		
25	Total functional expenses. Add lines 1 through 24e	89,671.	89,671.	0.	0
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1,243. 6,014. Cash - non-interest-bearing 7,001. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 3,899. basis. Complete Part VI of Schedule D 10a 2,340 0. 1,559. 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 7.573 8,244 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, 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 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 7,573. 8,244. 30 Capital stock or trust principal, or current funds 30 0. 31 0. 31 Paid-in or capital surplus, or land, building or equipment fund 0. 0. 32 32 Retained earnings, endowment, accumulated income, or other funds 7,573. 8,244. 33 Total net assets or fund balances 8,244. 7,573. Total liabilities and net assets/fund balances

Form 990 (2012)

Form	990 (2012) BOULDER COMMUNITY MEDIA	83-047	3258	Page 1	12
Pa	rt XI Reconciliation of Net Assets		-		_
	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	89	,000	
2	Total expenses (must equal Part IX, column (A), line 25)	2	89	,671	<u>.                                    </u>
3	Revenue less expenses Subtract line 2 from line 1	3		-671	. •
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,244	: •
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	٠.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	7	7,573	•
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				<u>_</u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<del></del>		Yes No	<u>-</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			_
	separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	<u>.                                    </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		ĺ	
	consolidated basis, or both		1 1	ì	
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		Ì	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		—
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			,
	Act and OMB Circular A-133?		3a	<u> </u>	<u>.                                    </u>
p	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<b>990</b> (201	
			Louin a	<b>30</b> (201	4)

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

**Public Charity Status and Public Support** 

Department of the Treasury

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

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

2012

Open to Public

Employer identification number Name of the organization 83-0473258 BOULDER COMMUNITY MEDIA Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h \_\_\_ Type II a Type I c \_\_\_\_ Type III - Functionally integrated Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. (i) organized in the U.S.? (described on lines 1-9 organization support aoverning document? (i) of your support? above or IRC section (see instructions))

232021 12-04-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		[				
	include any "unusual grants ")		23,500.	40,714.	17,860.	1,500.	83,574.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	)	j				
3	The value of services or facilities						
	furnished by a governmental unit to		ł į	ł			
	the organization without charge	l					
4	Total. Add lines 1 through 3		23,500.	40,714.	17,860.	1,500.	83,574.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			-			
	on line 1 that exceeds 2% of the	Í		1	<i>'</i>		
	amount shown on line 11,		]	]	t		
	column (f)			1			
6	Public support. Subtract line 5 from line 4						83,574.
	ction B. Total Support	<u> </u>	<del></del>				03/3/20
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	<u> </u>	23,500.	40,714.	17,860.	1,500.	83,574.
R	Gross income from interest,		23,3000		27,7000	2/3001	00/0/20
٠	dividends, payments received on		1	ļ			ı
	securities loans, rents, royalties						
	and income from similar sources		20,500.	15,006.			35,506.
9	Net income from unrelated business	<del></del>	20,300.	13,000.			
•	activities, whether or not the		}				
	business is regularly carried on			Ì			
10	Other income. Do not include gain				-		
10	or loss from the sale of capital		ł	1			ı
	assets (Explain in Part IV.)		ļ .				
11	Total support. Add lines 7 through 10						119,080.
	Gross receipts from related activities,	etc. (see instructi	one)		·	12	195,728.
	First five years. If the Form 990 is for		•	fourth or fifth tax	v vear as a section		175,120.
13	organization, check this box and stop		s mat, second, time	i, roditii, or marta	r your as a section	11 30 1(0)(0)	▶□
Sec	ction C. Computation of Publ		rcentage	<del></del>		··	
	Public support percentage for 2012 (I	<del></del>		olumn (fl)		14	70.18 %
15	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•	· · · · · · · · · · · · · · · · · · ·		15	%
	33 1/3% support test - 2012. If the c			line 13, and line 1	4 ıs 33 1/3% or п		
	stop here. The organization qualifies					,	<b>▶</b> X
b	33 1/3% support test - 2011. If the c		•	ne 13 or 16a. and I	ine 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	_				,	▶ 🗀
17a	10% -facts-and-circumstances test		.,		13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•			▶ 🗀
b	10% -facts-and-circumstances test	<del>-</del>				7a, and line 15 is	10% or
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		• .	•			s •
						dule A (Form 990	

232022 12-04-12

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	low, please com	piete Part II.)	<del></del>	<del></del>		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(vy rota:
membership fees received (Do not					}	
include any "unusual grants ")						
· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>		<del> </del>		
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						I
any activity that is related to the						
organization's tax-exempt purpose				<del> </del>	ļ	<b></b>
3 Gross receipts from activities that						1
are not an unrelated trade or bus-				,		I
iness under section 513						
4 Tax revenues levied for the organ-						1
ization's benefit and either paid to				ł		
or expended on its behalf						<u> </u>
5 The value of services or facilities						
furnished by a governmental unit to						I
the organization without charge						1
6 Total. Add lines 1 through 5	<del></del>	<del> </del>				
7a Amounts included on lines 1, 2, and				<del> </del>		
3 received from disqualified persons					1	
b Amounts included on lines 2 and 3 received		ļ		<del></del>		
from other than disqualified persons that						I
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		<del> </del>	<del></del>	<del></del>	<del></del>	
c Add lines 7a and 7b				-		
8 Public support (Subtract line 7c from line 6)		<u>L</u>				
Section B. Total Support		<del></del>			<del></del>	
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				ļ. <u></u>		ļ
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						I
and income from similar sources						<u> </u>
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						<del></del> -
11 Net income from unrelated business			-			
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain		<del>                                     </del>			<del> </del>	
or loss from the sale of capital				ļ	1	
assets (Explain in Part IV)  13 Total support. (Add lines 9, 10c, 11, and 12)		<del> </del>		<del>                                     </del>		
14 First five years. If the Form 990 is for the	the ergenization!	la first assamd thir	d fourth or fifth to		n F01(a)(2) organiz	
check this box and stop here	the organization	S IIISI, SECONG, IIII	u, louitil, or marta	ax year as a section	on soricits) organiz	ation,
Section C. Computation of Public	c Support Pa	rcentage		<del></del>	<del></del>	
<del></del>					45	
15 Public support percentage for 2012 (lin	***	=	olumin (i))		15	9
16 Public support percentage from 2011 Section D. Computation of Investigation			·	<del></del>	16	9
	<del></del>		- 401 (0)		T4= T	
17 Investment income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	9
18 Investment income percentage from 26				46.	18	9
19a 33 1/3% support tests - 2012. If the o						/ is not
more than 33 1/3%, check this box and	•	-				<b>▶</b> L
b 33 1/3% support tests - 2011. If the c						ind
line 18 is not more than 33 1/3%, chec		•				▶
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<b>_</b>

232023 12-04-12

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

Employer identification number

	BOULDER COMMUNITY	MEDIA	83-0473258							
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or <i>i</i>	Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, lin	e 6								
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds							
•	are the organization's property, subject to the organization's	_	Yes No							
6	Did the organization inform all grantees, donors, and donor a									
	for charitable purposes and not for the benefit of the donor									
	impermissible private benefit?	, , ,	Yes No							
Pa	Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7									
1	Purpose(s) of conservation easements held by the organizat	<u></u>								
-	Preservation of land for public use (e.g., recreation or		ally important land area							
	Protection of natural habitat	Preservation of a certified h								
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation easement on the last							
-	day of the tax year.									
			Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
C	Number of conservation easements on a certified historic sti	2c								
d	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure									
	listed in the National Register		2d							
3										
	year >		•							
4	Number of states where property subject to conservation ea	sement is located >								
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements	t nolds?	Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨							
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	ear <b>&gt;</b> \$							
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(	B)(ı)							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the oi	rganization's accounting for							
	conservation easements									
Pa	t III Organizations Maintaining Collections of		Similar Assets.							
	Complete if the organization answered "Yes" to Form									
1a	If the organization elected, as permitted under SFAS 116 (AS	•								
	historical treasures, or other similar assets held for public ex		f public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that descr									
b	If the organization elected, as permitted under SFAS 116 (AS	•								
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts							
	relating to these items.		<b>.</b> .							
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$							
_	(ii) Assets included in Form 990, Part X	and the same and t								
2	If the organization received or held works of art, historical tre	_	, provide							
_	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	<b>•</b>							
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$ ► \$							
b	rasots moladed in Form 550, Fall A		Ψ							

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

Schedule D (Form 990) 2012

232052 12-10-1

, 0-h-		D (Form 990) 2012 BOULDER COMMUNITY MEDIA		83-0473258 Page 4
_	t XI	Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Return
1		I revenue, gains, and other support per audited financial statements		1
2		unts included on line 1 but not on Form 990, Part VIII, line 12		
a		unrealized gains on investments	2a	
b		ated services and use of facilities	2b	
c		overies of prior year grants	2c	
d		er (Describe in Part XIII )	2d	
e		lines 2a through 2d		2e
3		tract line 2e from line 1		3
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1		
а	Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Othe	er (Describe in Part XIII )	4b	
С	Add	lines 4a and 4b		4c
_5_		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XI	Reconciliation of Expenses per Audited Financial States	nents With E	xpenses per Return
1	Tota	l expenses and losses per audited financial statements		1
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25.	1 1	
а	Don	ated services and use of facilities	2a	
b	Prio	year adjustments	2b	
С		or losses	2c	
d		or (Describe in Part XIII )	2d	<del></del>
е		lines 2a through 2d		<u> 2e                                   </u>
3		tract line 2e from line 1		3
4		unts included on Form 990, Part IX, line 25, but not on line 1	! 4=	
a		stment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>
b		or (Describe in Part XIII.) Innes 4a and 4b	4b	40
C		l expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5
Par		Supplemental Information		
	-	this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t		
				Schedule D (Form 990) 2012

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

### Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

BOULDER COMMUNITY MEDIA

Employer identification number 83-0473258

BOULDER COMMUNITY MEDIA	83-0473258
Form 990, Part VI, Section B, line 11: THE BOARD OF DIRECT	ORS REVIEWS THE
FORM 990 BEFORE IT IS FILED.	
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MA	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	CIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.	
Form 990, Part IX, Line 24e, All Other Functional Expenses	3:
TELEPHONE:	
Program service expenses	3,807.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	3,807.
HEALTH INSURANCE:	
Program service expenses	2,950.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	2,950.
DONATIONS:	
Program service expenses	2,195.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	2,195.

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

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  BOULDER COMMUNITY MEDIA	Employer identification number 83-0473258
PRINTING & REPRODUCTION:	
Program service expenses	1,471.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	1,471.
POSTAGE & DELIVERY:	
Program service expenses	299.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	299.
LICENSES & PERMITS:	
Program service expenses	225.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	225.
REPAIRS:	
Program service expenses	141.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	141.
BANK SERVICE CHARGES:	
Program service expenses	115.
Management and general expenses	0.
Fundraising expenses 232212 01-04-13 21	0 . Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  POUL DEP COMMUNITARY MEDIA	Employer identification number 83-0473258
BOULDER COMMUNITY MEDIA	
Total expenses	115
PARKING:	
Program service expenses	48
Management and general expenses	0
Fundraising expenses	0
Total expenses	48
Total Other Expenses on Form 990, Part IX, line 24e, Co.	1 A 11,251
Form 990, Part IX, Line 11g, Other Fees:	
PRODUCTION SERVICES:	
Program service expenses	13,153
Management and general expenses	0
Fundraising expenses	0
Total expenses	13,153
Total Other Fees on Form 990, Part IX, line 11g, Col A	13,153

## 4562

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

Sequence No 179

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

Business or activity to which this form relates

990

Identifying number

во	ULDER COMMUNITY MED	IA		For	m 9	90 Pa	ige 10		83-0473258
Pa	rt   Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo					V before yo	ou complete Part I.
1	Maximum amount (see instructions)							1	500,000.
	Total cost of section 179 property place	ed in service (see	instructions)					2	
	Threshold cost of section 179 property	•						3	2,000,000.
	Reduction in limitation Subtract line 3	<i>.</i> "		r -0-				4	
_	Dollar limitation for tax year Subtract line 4 from line				ınstruci	tions		5	
6	(a) Description of pr			(b) Cost (busine			(c) Electe	d cost	
					_				
7	Listed property Enter the amount from	n line 20				7			
	Total elected cost of section 179 prope		un column (c	lines 6 and	7	L		8	
	Tentative deduction. Enter the smaller	•	, 111 001011111 (0	,,oo o and	•			9	
_	Carryover of disallowed deduction from		011 Form 45	62				10	<del></del>
	Business income limitation. Enter the s	-			o) or li	ne 5		11	
	Section 179 expense deduction. Add I		•					12	<del></del>
	Carryover of disallowed deduction to 2	·			•	13			<del></del>
	e: Do not use Part II or Part III below for					<del></del>			
	rt II Special Depreciation Allowa		<del></del>		te liste	ed proper	tv.)	<del></del> _	
	Special depreciation allowance for qua								
	the tax year	inied property (ou	iei triari listet	a property, pr	1000	11 301 1100	duinig	14	1,950.
	Property subject to section 168(f)(1) eli	ection						15	1,550.
	Other depreciation (including ACRS)	ection						16	
	irt III MACRS Depreciation (Do no	ot include listed or	operty \ (See	instructions )					
	in to the orbital and the orbi	Se moida pi		ction A					
17	MACRS deductions for assets placed	in service in tax ve	ars beginnin	a hefore 2012	,			17	<del> </del>
	If you are electing to group any assets placed in ser	_	-	_		neck here	▶ [	7	
<u></u>	Section B - Assets						ral Deprecia	ation Syste	
	(a) Classification of property	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)		Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property			1,949.	5	Yrs.	HY	200DB	390.
C	7-year property	7					<u> </u>		
d	10-year property								
e	15-year property	7							
f	20-year property								
g	25-year property	7			2	5 yrs_		S/L	
	5	/			27	.5 yrs.	MM	S/L	
h	Residential rental property	/			27	.5 yrs.	MM	S/L	
	Non-red advantage of the contract of the contr	1			3	9 yrs.	MM	S/L	
_ i	Nonresidential real property	/					ММ	S/L	
	Section C - Assets I	Placed in Service	During 2012	Tax Year Us	ing th	ne Alterna	ative Depre	iation Sys	tem
<u>20a</u>	Class life							S/L	
b	12-year	}			1	2 yrs		S/L	
c	40-year	/			4	0 yrs	MM	S/L	·
Pa	rt IV Summary (See instructions )								
21	Listed property. Enter amount from line	e 28						21	
22	Total. Add amounts from line 12, lines	14 through 17, line	es 19 and 20	ın column (g)	, and	line 21			
- 1	Enter here and on the appropriate lines	s of your return Pa	artnerships a	nd S corporat	ions -	see instr.		22	2,340.
23	For assets shown above and placed in	service during the	current yea	r, enter the				1	
	portion of the basis attributable to sect	tion 263A costs				23_		l	
21625 12-28	1-12 LHA For Paperwork Reduction	n Act Notice, see	separate ins	structions.					Form 4562 (2012)

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?

Yes No 24b If "Yes," is the evidence written?

Yes No (a) (b) (c) (d) (e) (f) (g) (h) (i)

	Section A	- Debiecialii		ioi illation (Cauti	OII. OCC and	11131140	10113 101 111	into ioi pa	330/19	or autornoon	<u> </u>			
 24a	Do you have evidence to support the business/investment use claimed?				Yes No 24b If "Yes," is the					ne evidence written?				No
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depr (business/invi	estment	(f) Recovery period	(g) Metho Conven	od/	(h) Depreciation deduction		secti	(i) ected on 1 cost	179
_ 25	Special depreciation alle	owance for q	ualified listed pro	operty placed in s	service durin	g the ta	ax year an	d						
	used more than 50% in	a qualified b	usiness use						25					
26	Property used more tha	ın 50% ın a c	ualified busines	suse										
			%				_							
			%											
			%											
27	Property used 50% or le	ess in a qual	fied business us	е										
			%					S/L·						
			%					S/L -						
			%					S/L·			]			
28	Add amounts in column	(h), lines 25	through 27 Ente	er here and on lin	e 21, page 1				28					
29	Add amounts in column	(i), line 26 E	nter here and or	line 7, page 1						T :	29			

#### Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the	(a) (b) (c) Vehicle Vehicle Vehicle		(d) Vehicle		(e) Vehicle		( Vet	f) nicle				
	year (do not include commuting miles)		<u></u>		_								
31	Total commuting miles driven during the year	]						ļ		ļ <u> </u>			
32	Total other personal (noncommuting) miles							ļ					
	driven					<u></u>						<u></u>	
33	Total miles driven during the year.	!								 			
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more									1			
	than 5% owner or related person?		l							<u> </u>		1	1
36	Is another vehicle available for personal									_			
	use?											1	1

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?	L	
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.	<u> </u>	
P	art VI Amortization		

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during	your 2012 tax year				
			<del> </del>		
43 Amortization of costs that began before	your 2012 tay year			43	
44 Total. Add amounts in column (f) See t	44				

216252 12-28-12

Form 4562 (2012)