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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

Inspection

Department of the Freasury Internal Revenue Service

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

Open to Public

A	For th	e 2012 calendar year, or tax year beginning APR 1, 2012 and	ending 1	IAR 31, 2013	<u> </u>		
В	Cneck if applicab	C Name of organization DENVER AREA EDUCATIONAL		D Employer identif	ication number		
	Addre	SS MET ECONOMINICA MICANG CONGODMINA		1			
	Name	- WOOM DENTIED		84-0	943036		
Ē	Initial	DO to the state of	Room/suite	E Telephone numbe			
	Innel bela	· · · · · · · · · · · · · · · · · · ·		3035	322852		
	Amen	City, town, or post office, state and ZIP code		G Gross receipts \$	1,085,984.		
	Apple	BOODDER, CO 80300 0000		H(a) Is this a group re	eturn		
	pendi	F Name and address of principal officer UURIN SCHWARTZ		for affiliates? Yes X No			
P.O. BOX 6060, BOULDER, CO 80306 H(b) Are all affiliates included?							
		empt status 501(c)(3) _X 501(c)( 4 ) ◀ (insert no ) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)		
		te ▶ WWW.DAETC.ORG		H(c) Group exemption			
		crganization X Corporation Trust Association Other	L Year	of formation 1983 N	State of legal domicile CO		
	art I	Summary					
eou Poor	1	Briefly describe the organization's mission or most significant activities SEE	SCHEDU	LE O			
10				<del></del>	<del></del>		
s e	2	Check this box  I if the organization discontinued its operations or dispose	sed of more	than 25% of its net as			
JAN 6 es & Gov	3	Number of voting members of the governing body (Part VI, line 1a)		3	3		
	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	2		
	ļ	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0		
_ <u>{</u>	6	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C) The CEVED  Net unrelated business taxable income from Form 990 T-time 33	de	6			
<b>G</b> \§	7 a	Total unrelated business revenue from Part VIII, column (C) III 1912	761	7a	5,049.		
Z-	<u> </u>	Net unrelated business taxable income from Form 990 T-line 34	101				
Revende JAN RED JAN Revendes &		Contributions and grants (Part VIII, line 1h)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Prior Year 0.	Current Year 0.		
3	1 -	101	_=_	1,995.	13,660.		
<u>Ķ</u>	10	Program service revenue (Part VIII, Inno 2g)	T _	197,024.	84,125.		
ä	11	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, U Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 14e)		375,722.	380,416.		
	1	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		574,741.	478,201.		
		Grants and similar amounts paid (Part IX, column (A) lines 13)		152,950.	112,435.		
	14	Benefits paig to or for members (Part IX, column (A), line 4)		0.	0.		
S	1	Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10)		131,650.	131,299.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
iod)	ì	Total fundraising expenses (Part IX, column (D), line 25)	0.				
யி		Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)		165,369.	157,417.		
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A) line 25)		449,969.	401,151.		
	19	Revenue less expenses Subtract line 18 from line 12		124,772.	77,050.		
29			Be	ginning of Current Year	End of Year		
: Assets	20	Total assets (Part X, line 16)		4,255,404.	4,569,753.		
t As	21	Total fiabilities (Part X, line 26)		78,200.	98,990.		
<u> </u>		Net assets or fund balances. Subtract line 21 from line 20		4,177,204.	4,470,763.		
	art II						
		lties of perjury, I declare the I have examined this return, including accompanying schedules			y knowledge and belief, it is		
true	, correc	t, and complete. Declaratting of prepaier (other than officer) is based on all information of wh	ich preparer	has any knov/ledge			
				11/.	20/13		
Sig	n	Signature of officer		Date	·		
Her	e	ADAM MILLER, SECRETARY					
		Type or print name and title		ate Check			
_		Print/Type preparer's name  Preparer's signature	10	11/16/13/1	P11/N		
Pan		RICHARD SCORESBY, CPA Tuhn Scalety		11/19/13 self employe			
	parer	Firm's name CBIZ MHM, LLC		Firm's EIN ⊳	34-1854260		
Use	Only	Firm's address 8181 E TUFTS AVENUE SUITE 600		Dh 7	20 200 7000		
		DENVER, CO 80237		Phone no / .	20.200.7000		
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)	<del></del>		X Yes No		

	rt III Statement of Program Service Accomplishments	3030	Page 2
1 0	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on	XYes	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	[A] Yes	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total		
	revenue, If any, for each program service reported	expenses, a	and
4a	(Code) (Expenses \$87 , 393 • including grants of \$) (Revenue \$		0.
	THE ORGANIZATION DELIVERED INSTRUCTIONAL TELEVISION PROGRAMS T	<u>'O</u>	
	ELEMENTARY AND SECONDARY SCHOOLS.		
			·
4b	(Code) (Expenses \$123,526 . including grants of \$112,435 . ) (Revenue \$		0.)
	GRANTS IN SUPPORT OF THE ORGANIZATION'S PHILANTHROPIC VALUES		
4c	(Code) (Expenses \$2 2 , 316 . Including grants of \$) (Revenue \$	13.	357.
**	THE ORGANIZATION PROVIDED DATA SERVICES TO EDUCATIONAL AND NON		
	ENTITIES.		
			-
4d	-11 630	) _ \	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ 233, 235.	· · · · · · · · · · · · · · · · · · ·	
		Form 0	90 (2012

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		i	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	ļ		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes." then complete Schedule D, Parts VI, 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,			ĺ
	Part VI	11a	Х	
ь	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	X	
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			ŀ
	Part X. line 16 <sup>7</sup> If "Yes," complete Schedule D, Part IX	11d		X
e	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 and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u></u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Plot the organization have presente revenues or expenses of more than \$10,000 from grantmaking, fundralising, business.	14a	-	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	140		
.5	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	<u> </u>		
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schodule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2 <sup>o</sup> If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule J	23		X
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			
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes." complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

84-0943036 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes Νo 17 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 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 was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 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? 9ь 10 Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Initiation fees and capital contributions included on Part VIII, line 12

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O

13a 13b 13c X 14a 14b

Form 990 (2012)

12a

10a

10b

11a

11b

12b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	) See i	nstructions				
	Check if Schedule O contains a response to any question in this Part VI				_	X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3	3			
	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	!			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	1			
	officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the	he direc	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		•	3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	tnioaa	one or				
	more members of the governing body?			7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or		_		
	persons other than the governing body?		-	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ie followina				
	The governing body?	· · · · · · · · · · · · · · · · · · ·	g	8a	Х		
b	Each committee with authority to act on behalf of the governing body?		•	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the				
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	401104	at 11.0	9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )	<u> </u>			
	ton in the order of the occurrence of the occurr				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s. affiliates.				
ű	and branches to ensure their operations are consistent with the organization's exempt purposes?		-,	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dv befo	ore filing the form?	11a	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,	<b>3</b>				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	iflicts?	12b	Х		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
Ŭ	In Schedule O how this was done	. 00,		12c	Х		
13	Did the organization have a written whistleblower policy?			13		Х	
14	Did the organization have a written document retention and destruction policy?			14		Х	
15	Did the process for determining compensation of the following persons include a review and approx	val by ii	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
а	The organization's CEO, Executive Director, or top management official			15a	X		
	Other officers or key employees of the organization			15b	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1.55			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a				
	taxable entity during the year?			16a	Х		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	narticipation				
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.						
	exempt status with respect to such arrangements?	a n <u>e</u> atre		16b	Ī	Х	
Sac	tion C. Disclosure			1 100	·		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	ole		
	for public inspection. Indicate how you made these available. Check all that apply	,,,,,,,	= = (=/(=/0)= =://)		•		
	Own website Another's website X Upon request Other (explain	n in Sc	hedule (0)				
19	<del></del> ; , , , , , , , , , , , , , , , , , ,			nd finar	ncial		
13							
20	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						
	HAZEL J. BOLSOVER - 303-532-2852						
	655 SOUTH SUNSET STREET, SUITE A, LONGMONT, CO 80	0501					
23200 12-10	6	<del></del>		Forn	990	(2012)	
14-10	re .					/	

# 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

X

## 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 organizatio (A)	(B)			(0	J)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check mo				one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week (list any	<del></del>						from the	from related organizations	other compensation
	hours for	or director				B	ļ	organization	(W-2/1099-MISC)	from the
	related	3 <u>3</u>	ustee			ensate	1	(W-2/1099-MISC)	,	organization
	organizations	al trus	naf fr		loyee	6 6 6 6				and related
	below	Individual mistee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
<del></del>	line)	<u> </u>	S.	8	<u>\$</u>	₹'5	Ē			
(1) NANCY SANDERS	2.00	1 17	ļ	17						0
VICE PRESIDENT, DIRECTOR	2 00	X		Х		-	-	0.	0.	0.
(2) JOE PEZZIILLO	2.00	.,		37			Ì			0
TREASURER, DIRECTOR	F 00	X		X	_	<u> </u>	-	0.	0.	0.
(3) JOHN SCHWARTZ	5.00	Ų,		v				12 220	0	2 752
PRESIDENT, DIRECTOR	7.00	Х		Х	-	<del> </del>	$\vdash$	13,239.	0.	3,752
(4) ADAM MILLER	7.00	ł		v				11,039.	0.	2 020
SECRETARY	7.00	-	-	Х	├—	├		11,039.	0.	2,938.
(5) PATRICIA DWYER	7.00	-		X			ŀ	8,598.	0.	1 570
CFO	5.00	ļ	-	_	-		-	0,390.	0.	1,570
(6) HAZEL BOLSOVER	3.00	$\frac{1}{2}$			X		ŀ	7,671.	0.	1,384
BUSINESS MANAGER			-	-	A	├─		7,071.	0.	1,304.
	<u> </u>	1								
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Form **990** (2012)

	990 (2012) TELECOMM									84-09	43	036	P	age
Par	1 VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	more erson i	than is bot	h an	(I)) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)		an	(F) stimate nount other	of
		(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)			com fr org and	pensa om th anizat d relat anizati	ation e lon ed
		inte)	Ĕ	- SE	5	- Ā	7 2	요						
			_										<del></del>	
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								-			-			
				-		-								
			-				-	-						
1b c	Sub-total  Total from continuation sheets to Part V	II. Section A					<b>•</b>		40,547.		0.		9,6	44
d	Total (add lines 1b and 1c)	<u> </u>			_		<b>&gt;</b>		40,547.		0.		9,6	44
2	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bove	e) wi	no re	eceived more than \$100	,000 of reportable	<del>}</del>		<del></del>	I <del></del>
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	yce	, or l	highest compensated e	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le co							the organization		4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	from	any	unı v			dual for services		5_		Х
	tion B. Independent Contractors									<b>.</b>				
1	Complete this table for your five highest continuous the organization. Report compensation for										sensa	ation t	rom	
	(A) Name and business			INC					(B) Description of s		C	ompe	c) nsatio	'n
									<del></del>					
		<del> </del>												
2	Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se (:	sted	l above) who received m	nore than			<del></del>	

Form	990 (			DUCATIONA TIONS CO			84-0943	036 Page <b>9</b>
	rt VII			1110110 001			<u> </u>	O Page 3
		Check if Schedule O con		to any question i	n this Part VIII			
	141	Onedkii Odneddie O dom	Can is a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ice  Contributions, Giffs, Grants and Other Similar Amounts	e f g	Membership dues Fundraising events Related organizations Government grants (contributed) All other contributions, gifts, gransimilar amounts not included about the contributions included in lines Total. Add lines 1a-1f  MOBILE CITIZEN	ots, and ove of the stands of	Business Code 900099	13,660.	13,660.		
Program Service Revenue	b c d e f g	All other program service reve Total. Add lines 2a-2f		<b>•</b>	13,660.			
	3 4 5 6 a b			<b>•</b>	81,097. 417,300.			81,097.
	c d 7 a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(I) Securities 592,925. 589,897. 3,028.	(ii) Other				
		Gain or (loss)	3,028.	L	3,028.			3,028.
Other Revenue	8 a	Net gain or (loss)  Gross income from fundraisin including \$  contributions reported on line Part IV, line 18  Less direct expenses	of		3,020.		:	3,020.
	с 9 а	Net income or (loss) from fun- Gross income from gaming an Part IV, line 19	draising events	<b>&gt;</b>				
	10 a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	returns a b	1.00	249.	249.		
		Miscellaneous Revenu	SERVIC	Business Code 561000	5,488.	230.	5,488.	

5,049.

-552. -41,630.

-37,133.

478,201.

900099

517919

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

c K-1 MOBILE CITIZEN,

-552.

-41,630.

-28,273.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (I)) Fundraising (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b. 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to governments and 112,435. 112,435 organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 51,844. 51,844 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 58,444. 79,455. 21,011. persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management 1,035.  $\overline{113}$ . 922. **b** Legal 2,500. 2,500. Accounting Lobbying Professional fundraising services See Part IV, line 17 17,931. 17,931 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 17,652. 27,541. 9,889 column (A) amount, list line 11g expenses on Sch O) 2,063. 2,063. Advertising and promotion 12 19,024. 733. 18,291. 13 Office expenses 7,402. 7,410. 8. 14 Information technology 15 Royalties 6,586. 6,586. 16 Occupancy 19,542. 4,728. 14,814. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,026. 768. 1,258.19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 3,000. 3,000. 22 Depreciation, depletion, and amortization 3,701. 535. 3,166. 23 Insurance 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) 19,758. 3,393. 16,365. RESEARCH AND DEVELOPMEN 12,329. 12,329. EQUIPMENT 7,406. 7,406. PROGRAM LICENSE 311 4,000. 3,689. d DUES & SUBSCPRITION 1,565. 1,545.20. e All other expenses 401,151. 233,235. 167,916. 0. Total functional expenses Add lines 1 through 24e 25 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)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (13) Beginning of year End of year 47,137. 169,316. 1 Cash · non-interest-bearing 472,392. 525,928. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 7,543. 2,845. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 7 7 Notes and loans receivable, net  $\overline{0}$  . 4,039. 8 Inventories for sale or use 9,330. 11,283. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 74,380 basis Complete Part VI of Schedule D 10a 70,758. 6,621. b Less accumulated depreciation 10ь 10c 3,622. 3,027,966. 11 3,185,749. 11 Investments - publicly traded securities 200,000. 200,000. Investments - other securities See Part IV, line 11 12 12 484,520. 465,704. 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 554. 608. 15 Other assets See Part IV, line 11 15 4,255,404. 16 4,569,753. 16 Total assets. Add lines 1 through 15 (must equal line 34) 40,240. 58,788. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 37,960. 40,202. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 78,200. 98,990. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,177,204. 4,470,763. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 4,177,204. 4,470,763. 33 33 Total net assets or fund balances 4,255,404. 4,569,753.

Form 990 (2012)

34

Total liabilities and net assets/fund balances

Form	990 (2012) TELECOMMUNICATIONS CONSORTIUM	84-09	43036	Page 12
Par	T XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			<u></u>
		1 1	170	2 201
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{3,201}{1,151}$
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,151.
3	Revenue less expenses Subtract line 2 from line 1	3		7,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,204.
5	Net unrealized gains (losses) on investments	5		5,509.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	<del></del>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		4 474	
	column (B))	10	4,4/(	763.
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		<del></del>	
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b> ○</b>		,
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			1,,
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	consolidated basis, or both			1
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		v
	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 requ	ured audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зь	

## (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

DENVER AREA EDUCATIONAL TELECOMMUNICATIONS CONSORTIUM

Employer identification number 84-0943036

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	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 fu	nds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	. —	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
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
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	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) above	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		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the o	rganization's accounting for
1 20	conservation easements	<del> </del>	0:-::
Pai	t III Organizations Maintaining Collections o		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		if 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 s	ervice, provide the following amounts
	relating to these items		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		<b>5</b>
_	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items	▶ •
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2012

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		74,380.	70,758.	3,622.
e Other				
otal. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, colur	nn (B), line 10(c) )	<b>&gt;</b>	3,622.

Schedule D (Form 990) 2012

3a(ii)

3b

(ii) related organizations

DENVER AREA	EDUCATIONAL		
	CATIONS CONSOR	84-	-0943036 Page <b>3</b>
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		······································	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end	of-year market value
(1) INDEPENDENT SPECTRUM, LLC	427,925.	COST	
(2) EBS SUPPORT SERVICES, LLC	44,417.	COST	<del></del>
(3) FREE SPEECH MEDIA, LLC	16,546.	COST	
(4) PUBLIC TV LLC (5) MOBILE CITIZEN LLC	-24,982. 1,798.	COST	
	1,/98.	COST	
(6)			
(7)			
(8)			
(9) (10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )	465,704.		
Part IX Other Assets. See Form 990, Part X, line	· <del></del>		
Linear Control of the	Description		(b) Book value
(1)	- <del></del>		
	<del></del>		

Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ► 465, 704.	
Part IX Other Assets. See Form 990, Part X, line 15	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>&gt;</b>

Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

ž Employer identification number 84-0943036 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant PUBLIC EDUCATION AND KEDIA AND ADVOCACY or assistance X 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 ADVOCACY KEDIA 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV. appraisal, other) 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, ٥. o. 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5.000. Part II can be duplicated if additional space is needed 841. 000 14,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 80 15 TELECOMMUNICATIONS CONSORTIUM (c) IRC section if applicable 501(C)(4) 501(C)(4) 501(C)(3) DENVER AREA EDUCATIONAL Enter total number of other organizations listed in the line 1 table 65-1244918 51-0173482 20-2130918 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 1536 WYNCOOK STREET, SUITE 203 1575 EYE STREET NW, SUITE 425 PUBLIC COMMUNICATORS, INC. or government DENVER, CO 80201-4099 WASHINGTON, DC 20005 Name of the organization DEMOCRACY ALLIANCE DENVER, CO 80232 Department of the Treasury P.O. BOX 44099 Internal Revenue Service WON SSERBORG SCHEDULEI (Form 990) Part II Parti

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Schedule I (Form 990) (2012)

# DENVER AREA EDUCATIONAL

TELECOMMUNICATIONS CONSORTIUM

Page 2

84-0943036

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 Schedule I (Form 990) (2012)

Part III

recipients cash grant			
nation required in Part I, lir	ne 2, Part III, colum	(b), and any other additional inf	ormation
FOR MONITORING	THE USE	OF GRANT	
LINE 2			
mation required in FOR MONITIC	Part I, III	Part I, line 2, Part III, column	2, Part III, column (b),

A FORMAL GRANT IN THE CASE OF APPLICANTS WITH WHOM THE ORGANIZATION HAS

AND BE MADE OĽ. THE PAYMENTS ARE THE AGREEMENT OUTLINES WHEN AGREEMENT,

HOW THEY USED THE IN DETAIL, SUBMIT, USUALLY REQUIRES THE GRANTEE TO

ANY S THERE STAFF MEMBERS OR CONTRACT CONSULTANTS; AND THE WORK. THE FUNDS IN A NARRATIVE OF

ONE

ВĶ

REVIEWED

THEN

REPORTS ARE

[± , 1−1

HAS THE PROBLEM BE MADE UNTIL FINAL PAYMENT WOULD NOT [1] [1] [-1 DISCREPANCY,

232102 12-18-12

OR MORE

Schedule I (Form 990) (2012)

## SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

DENVER AREA EDUCATIONAL

TELECOMMUNICATIONS CONSORTIUM

Employer identification number

	'ELECOMMU							84	<u>-09</u>	<u>430</u>	36		
Part I Excess Bene	fit Transacti	ons (section 50	01(c)(3) a	and se	ection 501(c)(4) orga	anizations	only)				_		
Complete if the c	organization ansv	vered "Yes" on	Form 990	0, <u>Pa</u> r	1 IV, line 25a or 25b	o, or Form	990-EZ, P	<u>art V,</u>	line 40	)b			
1	(b) F	elationship bet	ween dis	- squalıf	fied ,				_		(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	rganizati	on	(c	) Descripti	on of tran	sactio	ภา		Ye	es	No
										,			
2 Enter the amount of tax i	ncurred by the o	rganization mar	nagers or	r dısqı	ualified persons dur	ing the ye	ar under						
section 4958									▶ \$				
<ol><li>Enter the amount of tax,</li></ol>	if any, on line 2,	above, reimburs	sed by th	e orga	anızatıon				▶ \$				
								_					
Part II Loans to and	d/or From Int	erested Per	sons.										
Complete if the c	organization ansv	vered "Yes" on	Form 99	0-EZ.	Part V, line 38a or F	orm 990, 1	Part IV, Iır	ie 26,	or If th	e orga	nızatı	on	
reported an amo		, Part X, line 5, 6	1							// \ ^ ~	d		
(a) Name of	(b) Relationship with	(c) Purpose	(d) Loan	. 1	(e) Original	(f) Balance due			1 111	(h) Ap by bo		) (i) <b>v</b> v	ritten
	organization	of loan	organizat		principal amount			deta	ault?	cómm	uttee?	agree	ment?
			To F	rom				Yes	No	Yes	No	Yes	No
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	<u> </u>		<u> </u>	l_					<u> </u>		L	<del> </del>	<u> </u>
Part III Grants or As	nintanan Dar	afitina Into	vo oto d	Dor	<u>▶ \$</u>			<u> </u>		l		<u></u>	
	organization ansv					<del></del>	40.7		— <sub>T</sub>				
(a) Name of Interested p	person	(b) Relationship interested per:		n	(c) Amount of assistance		(d) Type				) Purp assista		Ï
		the organiz							1				
					<del> </del>								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

## Schedule L (Form 990 or 990-EZ) 2012 TELECOMMUNICATIONS CONSORTIUM Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of
	person and the organization			Yes	No
EBS SUPPORT SERVICES	KEY EMPLOYEES	155,922	REIMBURSEME		Х
Part V   Supplemental Information					
	nal information for responses to question	s on Schedule L (see	instructions)		
EBS SUPPORT SERVICES LLC	IS OWNED BY FIVE MEM	BERS WHICH	ARE ALL		
NONPROFIT ORGANIZATIONS.	DAETC IS A MEMBER O	F EBS SUPPO	ORT SERVICES	LLC	
AND HAS AN 11.14% INTERES	T. EBS SUPPORT SERV	ICES WAS CI	REATED FOR T	HE	
PURPOSE OF LEASING PERSON	NEL AND PROVIDING SH	ARED ADMIN	STRATIVE		
SERVICES TO ITS MEMBERS.	THE APPOINTED MANAG	ER OF EBS S	SUPPORT SERV	ICES	
IS THE PRESIDENT/CEO OF D	AETC. FOUR KEY EMPL	OYEES OF EI	3S SUPPORT		
SERVICES DEVOTE PART OF T	HEIR TIME TO DAETC B	USINESS: 3	JOHN SCHWART	Ζ,	
ADAM MILLER, PATRICIA DWY			REIMBURSES		
SUPPORT SERVICES FOR THE					
	STED ABOVE INCLUDES			<u></u>	
BENEFITS PAID TO THESE KE			ABOVE ALSO		
				<del></del> -	
INCLUDES SALARY AND BENEF					
REIMBURSEMENT FOR SUCH IT	TEMS AS SHARED OFFICE	SPACE, EQU	JIPMENT, AND		
OTHER OPERATING EXPENSES.					
TOTAL AMOUNT PAID TO EBS	SUPPORT SERVICES:	155,922			
KEY EMPLOYEE COMPENSATI	ON	51,845			
OTHER EMPLOYEE SALARIES	3	58,479			
EMPLOYEE BENEFIT & PAYE	ROLL TAX	20,976			
OTHER OPERATING EXPENSE	<u> </u>	18,036			

## DENVER AREA EDUCATIONAL

	ECOMMUNICATIONS CONSORTIUM	84-0943036 Page 2
Part V Supplemental Information		
Complete this part to provide add	litional information for responses to questions on Schedu	le L (see instructions)
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RENT	0,	, 586
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		<u> </u>
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## 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

DENVER AREA EDUCATIONAL TELECOMMUNICATIONS CONSORTIUM

Employer identification number 84-0943036

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE CORPORATION IS ORGANIZED AND WILL BE OPERATED EXCLUSIVELY FOR
"CHARITABLE, SCIENTIFIC AND EDUCATIONAL" AND "SOCIAL WELFARE" PURPOSES
WITHIN THE MEANING OF SECTIONS 501(C)(3) AND 501(C)(4), RESPECTIVELY,
OF THE INTERNAL REVENUE CODE. TO THIS END, THE NONPROFIT SHALL
UNDERTAKE ACTIVITIES TO:
SUPPORT THE PROVISION OF QUALITY AND DIVERSE INSTRUCTIONAL MEDIA
CONTENT AND CAPABILITIES TO EDUCATORS AND STUDENTS, INCLUDING, BUT NOT
LIMITED TO, DATA SERVICES AND INSTRUCTIONAL VIDEO;
FOSTER OPEN, HONEST AND OUTSPOKEN MEDIA THAT HELP USERS TO BE A POPULAR
DEMOCRATIC CHECK ON BOTH GOVERNMENT POWER AND CONCENTRATED PRIVATE
PRIVILEGE;
EXPAND THE DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM,
THAT OFFER DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE
INFORMATION AND CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND
GLOBAL CONTEXTS;
ENGAGE IN ADDITIONAL SOCIAL WELFARE, CHARITABLE, SCIENTIFIC, AND/OR
EDUCATIONAL ACTIVITIES AS ARE CONSISTENT WITH OPERATIONS THAT MAY BE
UNDERTAKEN BY ORGANIZATIONS DESCRIBED IN, AND THUS EXEMPT FROM TAXATION
UNDER, SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE, AS NOW ENACTED
OR HEREAFTER AMENDED.

Employer identification number 84-0943036

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

LAST YEAR THE ORGANIZATION BEGAN PROVIDING DATA SERVICES FOR

EDUCATIONAL AND NON-PROFIT ORGANIZATIONS UNDER THE PROGRAM NAME MOBILE

CITIZEN. IN LATE 2012, THE ORGANIZATION, ALONG WITH FOUR OTHER

NON-PROFIT ORGANIZATIONS, FORMED MOBILE CITIZEN, LLC TO PROVIDE THESE

SAME DATA SERVICES FOR EDUCATIONAL AND NON-PROFIT ORGANIZATIONS. DATA

ACCOUNTS PUT IN SERVICE PRIOR TO 4/1/2013 WILL CONTINUE TO BE HOUSED IN

THE ORGANIZATION'S MOBILE CITIZEN PROGRAM. MOBILE CITIZEN DATA SERVICE

ACCOUNT ACTIVITY BEGINNING ON OR AFTER 4/1/2013 WILL BE REPORTED IN

MOBILE CITIZEN, LLC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION THROUGH ITS INVESTMENT IN AN UNRELATED ORGANIZATION

TAXABLE AS A PARTNERSHIP UNDERTOOK ACTIVITIES TO EXPAND THE

DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM, THAT OFFER

DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE INFORMATION AND

CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND GLOBAL CONTEXTS.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ -41,630.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE

ORGANIZATION'S ACCOUNTANTS, BUSINESS MANAGER, CFO AND AT LEAST ONE

CORPORATE OFFICER. ADDITIONALLY THE FORM IS PRESENTED TO THE BOARD MEMBERS

BEFORE IT IS FILED.

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

EACH RESPONSIBLE PERSON WHO IS A STAFF MEMBER HAS A DUTY TO DISCLOSE TO THE BUSINESS MANAGER OF THE ORGANIZATION AND HIS/HER IMMEDIATE SUPERVISOR THE MATERIAL FACTS OF ANY PROPOSED TRANSACTION OF THE ORGANIZATION IN WHICH SUCH PERSON HAS ANY CONFLICT. IMPLEMENTATION OF THE CONFLICT OF INTEREST POLICY RELIES ON SUCH DISCLOSURE.

A RESPONSIBLE PERSON WHO FAILS TO FOLLOW THE PROTOCOLS ESTABLISHED IN THE CONFLICT OF INTEREST POLICY SHALL BE SUBJECTED TO MEANINGFUL DISCIPLINARY ACTION BY THE BOARD OF DIRECTORS UP TO AND INCLUDING REMOVAL FROM THE BOARD OR THEIR POSITION WITHIN THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: ALL SERVICES PERFORMED ARE FROM SHARED EMPLOYEES OF AN ADMINISTRATIVE SERVICES COMPANY. THIS COMPANY HAS AN OVERSIGHT COMMITTEE MADE UP OF BOARD MEMBERS OF NONPROFIT ORGANIZATIONS THAT IT SERVES. THIS OVERSIGHT COMMITTEE HAS BEEN CHARGED BY THE NONPROFIT ORGANIZATION BOARDS TO OVERSEE PERSONNEL MATTERS INCLUDING EXECUTIVE AND STAFF COMPENSATION. STAFF PREPARED A SALARY BENCHMARKING REPORT FOR ALL STAFF POSITIONS THAT DESCRIBED EACH POSITION AND COMPARED THE POSITION TO A STATE NONPROFIT ORGANIZATION'S 2012 SALARY SURVEY. TOP POSITIONS WERE ALSO COMPARED TO DATA IN GUIDESTAR'S COMPENSATION REPORT RELEASED IN SEPTEMBER 2012. IN ADDITION SALARIES WERE ALSO REPORTED ON FORM 990 FOR THE LAST

THREE YEARS. THIS REPORT AND SUPPORTING DOCUMENTATION WAS REVIEWED IN 232212 01-04-13

Schedule O (Form 990 or 990·EZ) (2012)	Page 2
Name of the organization DENVER AREA EDUCATIONAL TELECOMMUNICATIONS CONSORTIUM	Employer identification number 84-0943036
DEPTH BY THE OVERSIGHT COMMITTEE WHICH SUMMARIZED ITS REV	TIEW TO ALL OF THE
BOARDS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC UPON
REQUEST.	
FORM 990, PART VII, SECTION A	
EBS SUPPORT SERVICES, LLC (D/B/A VOQAL) IS OWNED BY FIVE	MEMBERS WHICH
ARE ALL NONPROFIT ORGANIZATIONS. DAETC IS A MEMBER OF VOQ	AL AND HAS AN
11.14% INTEREST. VOQAL WAS CREATED FOR THE PURPOSE OF LEA	SING PERSONNEL
AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMBE	RS. CERTAIN
DIRECTORS AND OFFICERS, INCLUDING THE ONES LISTED ABOVE I	N PART VII,
SECTION A, WORK WITH VOQAL TO PROVIDE THEIR SERVICES TO V	OQAL'S MEMBERS
AND OTHER COMPANIES THE MEMBERS JOINTLY OWN. DAETC REIMBU	RSES VOQAL FOR
THE PERSONNEL COST OF THE DIRECTORS AND OFFICERS. THE AMO	UNTS LISTED
ABOVE INCLUDES COMPENSATION PAID TO THESE DIRECTORS AND O	FFICERS.
	·

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2012 Employer identification number 84-0943036 Open to Public Inspection ŝ OMB No 1545-0047 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling End-of-year assets status (if section **Public charity** 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total Income Exempt Code 9 Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) TELECOMMUNICATIONS CONSORTIUM Primary activity Primary activity DENVER AREA EDUCATIONAL For Paperwork Reduction Act Notice, see the Instructions for Form 993. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R Form 990) Part II Part

DENVER AREA EDUCATIONAL

TELECOMMUNICATIONS CONSORTIUM

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV. line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2012

Page 2

84-0943036

(e)	(q)	(0)	(p)		(e)	€	(b)	=	(h)	3	3	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predomina (related, excluded fro sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Sh		cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?  Yes No	General or Percentage managing ownership partied.
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or frust during the tax year.)	ganizations Taxable a	as a Corportion	oration or Trust (Coyear)	omplete if th	ne organizatio	" answered	Yes" to Form	990, Part IV, I	line 34 be	cause it had	one or m	ore related
(a) Name, address, and EIN of related organization	N. C.	Рим	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp, or trust)	(f) Share of total Income		(g) Share of Prend-of-year o	(h) Percentage ownership	Section 512(b)(13) controlled entity?
		!										
232162 12-10-12				28		-			_	Schedu	ile R (For	Schedule R (Form 990) 2012

DENVER AREA EDUCATIONAL TELECOMMUNICATIONS CONSORTIUM Schedule R (Form 990) 2012 Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b. or 36)

Page 3

84-0943036

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				۶	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	lated organizations listed	in Parts II·IV?		
a Receipt of (i) interest (ii) annutites (iii) royalties or (iv) rent from a controlled entity		<b>)</b>		1a	
b Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				5	
				7	
				2 4	
e Loans of loan guarantees by related organization(s)				<u> </u>	
f Dividends from related organization(s)				77	
g Sale of assets to related organization(s)				19	
h Purchase of assets from related organization(s)				†	
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				Ţ	
j Lease of facilities, equipment, or other assets to related organization(s)				1;	
				;	
<ul> <li>K Lease of facilities, equipment, or other assets from related organization(s)</li> </ul>	:			¥	1
<ul> <li>Performance of services or membership or fundraising solicitations for related org</li> </ul>	related organization(s)			=	
<ul> <li>m Performance of services or membership or fundraising solicitations by related org</li> </ul>	related organization(s)			Ē	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			Ę	_
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	1
				2	-
q Reimbursement paid by related organization(s) for expenses				19	
The respective of once or property to relation of one for selection (c)				· ·	
				- 4	
i i	the obstance forms often	Action of a city and one	objection of the contraction of the contraction	2	
z if the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction (infesholds	wno must complete to	ils line, including covered	relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved	
(1)					
(2)					
(3)					
(5)					
(5)					
(9)					
232163 12-10-12	29		Schedule	Schedule R (Form 990) 2012	90) 2012

# DENVER AREA EDUCATIONAL TELECOMMUNICATIONS CONSORTIUM

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

of Share of Share of Orspropor Code V-UBI General of Vortice and Program and Code V-UBI General of Vortice And Code of Vortice And Off Schedule K-1 Partner Off Schedule K-	that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	Islon for certain inv	tain investment partnerships							
Fhrmary activity   Logal domotics   Finding	(a)	(p)	(0)		(e)	E	(a)	€	Ξ	<b>S</b>	<u>3</u>
COUNTY) UNIGNORMED TROK  COUNTY) UNIGNORMED TROK  CO 80106  EDUCACTOR  COUNTY) UNIGNORMED TROK  COUNTY) UNIGNORMED TROK  CO 80106  EDUCACTOR  COUNTY) UNIGNORMED TROK  COUNTY) UNIGNORMED TROK  CO 80106  EDUCACTOR  COUNTY) UNIGNORMED TROK  COUNTY) UNIGNORMED TROK  CO 80106  EDUCACTOR  COUNTY) UNIGNORMED TROK  CO 80106  EDUCACTOR  COUNTY) UNIGNORMED TROK  COUNTY TRO	Name, address, and EIN	Primary activity		Predominant income (related, unrelated,	Are all partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor tronate allocations?	Code V-UBI amount in box 20	General or managing partner?	Percentage ownership
13. P.O. BOX 6060, EDUCACTON COLORADO PAX 120 506, 427,974, X  10. 80306 EDUCACTON COLORADO PAX 120,506, 427,974, X	(2007)			excluded from tax under section 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
TO 80106											
115 P.O. BOX 6050   EDUCATION COLORADO PROX   120 506, 427 924,   X	SPECTRUX LLC			ROYALTIES						_	
CO 80306 EDUCATION COLORADO PAX A 120 506.	P.O. BOX 6060,			EXCLUDED FROM	5					<u></u>	
	CO 80306	EDUCATION	COLORADO	TAX	<			+		<	2
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If you are filing for an Additional (Not Automatic) 3-Month				0000	$\triangleright (X)$
Note. Only complete Part II if you have already been granted If you are filing for an Automatic 3-Month Extension, com		•	ed Form	8868	
Part II Additional (Not Automatic) 3-Month			: 1 (		
Partin Additional (Not Automatic) 5-Mortu	LAterisio	-		-	
Type or Name of exempt organization or other filer, see in	otruotions				see instruction on number (EIN
Type or Name of exempt organization or other filer, see in print DENVER AREA EDUCATIONAL	Structions		Employer	dentificati	on number (Env
TELECOMMUNICATIONS CONSORT	rium			84-09	943036
due date for Number, street, and room or suite no. If a P.O. bo		tions	Social se	curity numb	
filing your return See P.O. BOX 6060	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<b></b>	. (20.1)
City, town or post office, state, and ZIP code For BOULDER, CO 80306-6060	a foreign add	lress, see instructions			
Enter the Return code for the return that this application is fo	r (file a separa	te application for each return)			0 :
Application	Return	Application			Retu
ls For	Code	Is For			Cod
Form 990 or Form 990-EZ	01			······································	
Form 990-BL	02	Form 1041-A			08
Form 4720 (Individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gran		<u>matic 3-month extension on a previ</u>	ously file	ed Form 88	68.
HAZEL J. BOLS			.TC 860 8T	m	00501
• The books are in the care of ▶ 655 SOU'TH SUI	NSET ST	FAX No $\triangleright$ 303-532-270		T, CO	80301
Telephone No ► 303-532-2852			J <del>J</del>		
<ul> <li>If the organization does not have an office or place of busi</li> <li>If this is for a Group Return, enter the organization's four office.</li> </ul>			thic is fo	r tha whala	aroup shock th
box ► If it is for part of the group, check this box ►		ach a list with the names and EINs of			
4 I request an additional 3-month extension of time until		ARY 15, 2014	all memo	ers the ext	ension 13 101
5 For calendar year, or other tax year beginning			MAR	31, 2	2013
6 If the tax year entered in line 5 is for less than 12 month			Final r	-	
o in the tax year entered in line 3 is for less than 12 month					
Change in accounting period					
Change in accounting period  State in detail why you need the extension					
Change in accounting period  State in detail why you need the extension ADDITIONAL TIME REQUIRED TO	COMPIL	E INFORMATION FOR A	A COM	PLETE	AND
Change in accounting period  State in detail why you need the extension	COMPIL	E INFORMATION FOR	A COM	PLETE	AND
Change in accounting period  State in detail why you need the extension ADDITIONAL TIME REQUIRED TO			A COM	PLETE	AND
Change in accounting period  State in detail why you need the extension  ADDITIONAL TIME REQUIRED 'TO  ACCURATE RETURN			A COM	PLETE	AND
Change in accounting period  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  The state is a state of the stat	20. or 6069, e	enter the tentative tax, less any			
Change in accounting period  7 State in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  8a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions	20. or 6069, c	enter the tentative tax, less any r refundable credits and estimated			
Change in accounting period  7 State in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  8a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits See instructions  b If this application is for Form 990-PF, 990-T, 4720, or 66	20. or 6069, c	enter the tentative tax, less any r refundable credits and estimated			
Change in accounting period  7 State in detail why you need the extension ADDITIONAL TIME REQUIRED TO ACCURATE RETURN  8a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits See instructions  b If this application is for Form 990-PF, 990-T, 4720, or 60 tax payments made Include any prior year overpayments	20. or 6069, c 069, enter any nt allowed as ur payment wi	enter the tentative tax, less any refundable credits and estimated a credit and any amount paid	8a	\$	

Form 8868 (Rev 1-2013)

Signature 🕨

Title ► CPA