

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



Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

	artment of the Tr€asu nal Revenue Service	Do not enter Social Security numbers on this form as it may be made po Information about Form 990 and its instructions is at www.irs gov/form		Open to Public Inspection
	,	calendar year, or tax year beginning 04/01/13, and ending 03/31/14	1990.	i itispection
	Check if applicable	C Name of organization DENVER AREA EDUCATIONAL	D Empl	over identification number
	Address change	TELECOMMUNICATIONS CONSORTIUM		•
	•	Doing Business As VOQAL DENVER		-0943036
	Name change	Number and street (or P O box if mail is not delivered to street address) Room/su		hone number
	Initial return	P.O. BOX 6060	1 '	3-532-2852
	Terminated	City or town, state or province, country, and ZIP or foreign postal code		3-332-2632
\Box	Amended return	BOULDER CO 80306-6060	- 2	
	'	F Name and address of principal officer	G Gross re	ceipts \$ 1,237,905
	Application pending	JOHN SCHWARTZ	s this a group return for	subordinates? Yes X No
	,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Are all subordinates incl	luded? Yes No
		BOULDER CO 80306-6060	If "No," attach a list	
	Tax-exempt status			(
-		THE DARME ODG	.	
	Form of organization		Group exemption number ation 1983	
*******		X Corporation Trust Association Other ► L Year of form	ation 1903	M State of legal domicile CC
<u></u> !		scribe the organization's mission or most significant activities:		
		SCHEDULE O		
Activities & Governance	SEE	SCHEDOLE O		
nar				
/eri	_	· · · · ·		
9	2 Check thi		t assets.	1 -
ಹ	3 Number of	of voting members of the governing body (Part VI, line 1a)	3	3
ies	4 Number o	of independent voting members of the governing body (Part VI, line 1b)	. 4	2
Ĭ	5 Total num	nber of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
Act	6 Total num	nber of volunteers (estimate if necessary)	6	0
`	7a Total unre	elated business revenue from Part VIII, column (C), line 12	7a	714
	b Net unrela	ated business taxable income from Form 990-T, line 34RECEIVED	7b	0
		1 1 1071	Prior Year	Current Year
<u>o</u>	8 Contributi	ions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) FEB 1 8 2015	0	<u> </u>
evenue	9 Program :	service revenue (Part VIII, line 2g)	13,660	
ě	10 Investmen	nt income (Part VIII, column (A), lines 3, 4, and /d)	84,125	-430,997
OF.	11 Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and TeGDEN, UT	380,416	417,981
22	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII , column (A), line 12)	478,201	-5,750
≈ >	13 Grants an	nd sımılar amounts paid (Part IX, column (A), lines 1–3)	112,435	222,050
€	14 Benefits p	paid to or for members (Part IX, column (A), line 4)	0	0
AR ses	15 Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5–10)	131,299	102,754
/\A	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)	0	0
be _	b Total fund	fraising expenses (Part IX, column (D), line 25) ▶ 0		
 	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	157,417	168,014
15-	18 Total expe	enses Add lines 13–17 (must equal Part IX, column (A), line 25)	401,151	492,818
Z	19 Revenue	less expenses. Subtract line 18 from line 12	77,050	
SCANNED MA	10 Hevende		ng of Current Year	End of Year
<u>လန်း</u>	20 Total asse		,569,753	5,045,242
Ass d Ba	21 Total liabil	lities (Part X, line 26)	98,990	
Net Asse Fund Bal			,470,763	
		gnature Block		· · · · · · · · · · · · · · · · · · ·
		erjury, I declare that have examined this return, including accompanying schedules and statements, and to the	e best of my knowle	dge and belief, it is
		mplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle		-3
		\\\		2/5/15
Sig	n S	gnature of officer	Date	3/3/3
Her		ADAM MILLER SECRETARY		
		ype or print name and title		
			Date Check	f PTIN
Paid	•	Polistille	02/03/15 self-em	□ ,
Prep	arer ROBERT	DAUGHT AND COMPANY OF C	1	84-0817888
	Only	7887 E BELLEVIEW AVE STE 700	Firm's EIN	04-001/000
	-	DENTED GO 90111 6021		303-759-0089
1/	Firm's addi		Phone no	
мау	uie iko aiscuss	this return with the preparer shown above? (see instructions)		X Yes No

Form 990 (2013) DENVER AREA EDUCA		84-0943036	
Part III Statement of Program Servi			
Check if Schedule O contains 1 Briefly describe the organization's mission:	a response or note	to any line in this Part III	X
SEE SCHEDULE O			
2 Did the organization undertake any significant pr	ogram services during th	e year which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on Schedu			
3 Did the organization cease conducting, or make services?	significant changes in ho	w it conducts, any program	Yes X No
If "Yes," describe these changes on Schedule O			
		fits three largest program services, as measured by	
	•	eport the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each	program service reporte	u.	
	60,396 including g		
	ED INSTRUCTION	ONAL TELEVISION PROGRAMS TO	ELEMENTARY
AND SECONDARY SCHOOLS.			•
			• •
4b (Code:)(Expenses \$ 25	54,811 including g	rants of \$ 222,050) (Revenue \$,
		N'S PHILANTHROPIC VALUES.	
• •	•		•
•			•
·			
4c (Code:) (Expenses \$	ıncludıng g		-10,457
	•	CES TO EDUCATIONAL AND NON- TED WITHIN THE ORGANIZATION	
		230. THE PROGRAM REVENUE A	
		IZATION FROM MOBILE CITIZE	
		VELY, NETTING TO A NET LOS	
		ENUE AND EXPENSES FROM BOT	
THE ORGANIZATION AND MOBI	LE CITIZEN :	SCHEDULE K-1 WAS \$(10,457).	
Ad Other recommend (December 20th 1)		· · · · · · · · · · · · · · · · · · ·	
4d Other program services. (Describe in Schedule C (Expenses \$ inclui	O) ding grants of \$) (Revenue \$)
4e Total program service expenses ▶	315,207	/ /	

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,"		1	1
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	i	х
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		
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	ĺ	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"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 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 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	<u> </u>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent 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,			1
	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,"		[ļ
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ł		
	of its total 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	}	}	İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b				
	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
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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			3,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			.
	for any foreign organization? 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 other	100		v
_	assistance to or for foreign individuals? 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			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1 40		х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
no-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
<u>n</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1 200		

Part IV Checklist of Required Schedules (continued)

- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and I!
- 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 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
- 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 25a
 - b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 - c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
 - d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 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
 - 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
- 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II
- 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
- 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):
 - a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
 - 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
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 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
- **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
- 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
- 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

21 X 22 X 23 X 24a X 24b X 24c 24d X 25b X 25b X 26 X 27 X 28a X 28b X 28c X 29 X 30 X 31 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X Form 990 (2013)	-		Yes	No
23		21	x	
24a		22		x
24a				
24b 24c 24d 3 25a X 25b X 26 X 27 X 28a X 28b X 29 X 30 X 31 X 32 X 33 X 35a X 35b 36 37 X 38 X		23		x
24b 24c 24d 3 25a X 25b X 26 X 27 X 28a X 28b X 29 X 30 X 31 X 32 X 33 X 35a X 35b 36 37 X 38 X		242		x
24c 24d 25a X 25b X 26 X 27 X 28a X 28b X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X				
24d				
25a X 25b X 26 X 27 X 28a X 28b X 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36		24c		
25b X 26 X 27 X 28a X 28b X 28c X 29 X 30 X 31 X 32 X 34 X 35a X 35b 36 37 X 38 X		24d		
26 X 27 X 28a X 28b X 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X		25a		X
26 X 27 X 28a X 28b X 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X		25b		x
27 X 28a X 28b X 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X				
28a X 28b X 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36		26		<u> </u>
28b X 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X		27		x
28b X 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X				
28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X		28a		<u>x</u>
29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X		28b		<u>x</u>
30 X 31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X			х	
31 X 32 X 33 X 34 X 35a X 35b 36 37 X 38 X	,	29		<u></u>
32 X 33 X 34 X 35a X 35b 36 37 X 38 X		30		<u>x</u>
33 X 34 X 35a X 35b 36 37 X 38 X		31		<u> </u>
34 X 35a X 35b 36 37 X 38 X		32	_	<u>x</u>
35a X 35b 36 37 X 38 X		33		<u>x</u>
35a X 35b 36 37 X 38 X		34		x
36 X 38 X				X
37 X		35b		
38 X		36		
		37	х	
Form 990 (2013)		38		
		Fon	ո 990	(2013)

Pa	art V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	,		_				
				l			r	Yes	No
1a	Enter the	number reported in Box 3 of Form 1096. Enter -0- if not applicable	_1a	15			_		1
b	Enter the	number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	_0_			_		
C	Did the o	rganization comply with backup withholding rules for reportable payments to vendors and							1
	reportabl	e 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							1
	Statemer	nts, filed for the calendar year ending with or within the year covered by this return	2a	0			-		1
b		one is reported on line 2a, did the organization file all required federal employment tax returns	?				2b	<u> </u>	<u> </u>
		he sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							ł
3a		rganization have unrelated business gross income of \$1,000 or more during the year?					3a	X	<u> </u>
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O					3b	X	↓
4a		ne during the calendar year, did the organization have an interest in, or a signature or other aut	-						
		nancial account in a foreign country (such as a bank account, securities account, or other finan	cıal					ſ	
	account)	•					4a		X
ь		enter the name of the foreign country:							
_		uctions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ac	counts				_	1	•
5a		organization a party to a prohibited tax shelter transaction at any time during the tax year?	•			•	5a		X
b	-	exable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?				5b	├─	 ^ -
c		b line 5a or 5b, did the organization file Form 8886-T?				•	_5c	 	├──
6a		organization have annual gross receipts that are normally greater than \$100,000, and did the					0.		x
	_	ion solicit any contributions that were not tax deductible as charitable contributions?					_6a_	 	┝┻
b		lid the organization include with every solicitation an express statement that such contributions	or				Ch.		ļ
7	~	not tax deductible?					6b		
7	-	tions that may receive deductible contributions under section 170(c).	do						
а		rganization receive a payment in excess of \$75 made partly as a contribution and partly for goo ces provided to the payor?	us				7a	1	ŧ
b		lid the organization notify the donor of the value of the goods or services provided?					7b		
C		rganization sell, exchange, or otherwise dispose of tangible personal property for which it was				•	+		├──
C		o file Form 8282?					7c		
đ		ndicate the number of Forms 8282 filed during the year	7d			•	1		
e		ganization receive any funds, directly or indirectly, to pay premiums on a personal benefit conti					7e		Ī
f		ganization, during the year, pay premiums, directly or indirectly, on a personal benefit contract					7f		\vdash
g		anization received a contribution of qualified intellectual property, did the organization file Form		s requi	red?		7g		
h	_	anization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					7h		
8	•	ing organizations maintaining donor advised funds and section 509(a)(3) supporting							
	•	tions. Did the supporting organization, or a donor advised fund maintained by a sponsoring							
		on, have excess business holdings at any time during the year?					8		
9		ing organizations maintaining donor advised funds.							
а	Did the or	ganization make any taxable distributions under section 4966?					9a		Ĺ
b	Did the or	ganization make a distribution to a donor, donor advisor, or related person?				·	9b		
10	Section 5	501(c)(7) organizations. Enter.							
а	Initiation f	ees and capital contributions included on Part VIII, line 12	10a				_		1
b	Gross rec	eipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				_		
11	Section 5	501(c)(12) organizations. Enter:							
а	Gross inc	ome from members or shareholders	11a						
b	Gross inc	ome from other sources (Do not net amounts due or paid to other sources						. 1	ĺ
	-	mounts due or received from them)	11b				4		
12a	Section 4	1947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1 1				12a		<u> </u>
b	If "Yes," e	nter the amount of tax-exempt interest received or accrued during the year	12b				_	1	ĺ
13		io1(c)(29) qualified nonprofit health insurance issuers.						······	
а	•	anization licensed to issue qualified health plans in more than one state?					13a		
		e the instructions for additional information the organization must report on Schedule O.						. 1	
b		amount of reserves the organization is required to maintain by the states in which	1 1]	İ
	_	zation is licensed to issue qualified health plans	13b				-	, 1	İ
C		amount of reserves on hand	13c				1		x
14a		ganization receive any payments for indoor tanning services during the tax year?					14a 14b	-	_^
<u>b</u> _	ıı res," h	as it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						- 000	0 (2013)
Daa							For	m マゴし	(2013) م

Form 990 (2013) DENVER AREA EDUCATIONAL 84-0943036 Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 3 Enter the number of voting members of the governing body at the end of the tax year 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 2 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7<u>a</u> one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." X describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official 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 X with a 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 16b X organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Other (explain in Schedule O)

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 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization > HAZEL J. BOLSOVER

655 SOUTH SUNSET STREET, SUITE A CO 80501

LONGMONT

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

Check if Schedule O contains a response or note to any line in this Part VII

Y

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 organization nor any related organizations compensated any current officer, director, or trustee. (A) (B) (C) (E) (F) Name and Title Average Position Reportable Reportable Estimated amount of hours per (do not check more than one compensation compensation from week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the Individuat trustee or director nstitutional trustee (W-2/1099-MISC) (ey employee related organization and related organizations below dotted organizations ompensated (1) JOHN SCHWARTZ 3.60 0.00 X X 11,099 0 3,695 PRESIDENT, DIRECTOR (2) NANCY SANDERS 2.00 0.00 X X 0 0 0 VICE PRESIDENT (3) JOE PEZZI LLO 2.00 0.00 X X 0 0 0 TREASURER, DIRECTOR (4) PATRICIA DWYER 6.00 X 0 0.00 8,294 1,629 (5) ADAM MILLER 4.10 0 0.00 X 7,962 2,307 SECRETARY (6) HAZEL BOLSOVER 4.10 X 0 0.00 7,248 1,268 BUSINESS MANAGER (7) (8) (9) (10)(11)

******	1990 (2013) DILIVER PI													age c
Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	ey E	mplo	yees	s, a	nd Highest Compensated	Employees (continued)				
	' (A) Name and title	(B) Average hours per week (list any	Position (do not check more than or box, unless person is both a officer and a director/truster					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		f ion	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or a	rganization nd related ganization	on d	
(12)		!												-
(13)														
(14)					ļ <u>-</u>	:								
(15)														
(16)					-									
(17)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	-	_									
(18)								_						
(19)											ı			
1b c	Sub-total Total from continuation shee	ets to Part VII, Se	ectio	n A	<u> </u>		LI	>	34,603					399
	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the compensation fro			to th	ose	listed	d abo	▶ ve)	who received more than \$1	00,000 in		8	3 <u>, </u>	399
	Did the organization list any for				ustee	. ke	v emi	ploy	ee, or highest compensated			Y	es	No
4	employee on line 1a? If "Yes," of For any individual listed on line organization and related organi	complete Schedu 1a, is the sum of	le J f	for so	uch i le co	ndıvi ımpe	dual :nsati	on :	and other compensation from			3	-	<u>x</u>
5	individual Did any person listed on line 1a for services rendered to the org									ividual		5	\dashv	x x
Secti	ion B. Independent Contractor		s, cc	Jilipi	CIC C	Cite	uule .	3 10	1 Sucil person			<u> </u>		
1	Complete this table for your five compensation from the organiz	e highest compen ation. Report con	sate npen	d inc	lepei on foi	nder the	t con cale	ntrac nda	r year ending with or within t	he organization's tax year.				
	Name and	(A) business address	·						Descrip	(B) tion of services		Compe	C) ensatio	on
				_										
		<u></u>			= -									
											_			
						•							_	
2	Total number of independent co								listed above) who					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Reven exempt excluded from tax business revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn. Code 900099 MOBILE CITIZEN INCOME 7,266 2a 7,266 b C f All other program service revenue Total. Add lines 2a-2f \blacktriangleright 7,266 3 Investment income (including dividends, interest, and other similar amounts) 88,038 88,038 Income from investment of tax-exempt bond proceeds 5 Royalties 434,990 434,990 (i) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) (II) Other (i) Securities sales of assets 724,620 other than inventor b Less cost or other 1,243,655 basis & sales exps -519,035 c Gain or (loss) d Net gain or (loss) ▶ -519,035 -519,035 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory \triangleright Miscellaneous Revenue Busn Code 11a 561000 1,771 1,771 K-1 EBS SUPPORT SERVICES b K-1 FREE SPEECH MEDIA, LLC 512000 -1,057-1,057K-1 MOBILE CITIZEN, LLC 517919 -17,723 -17,723 900099 d. All other revenue Total. Add lines 11a-11d -17,009 -5,750 Total revenue. See instructions 714 3,993 -10,457

Form 990 (2013)

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 or note to any line in this Part IX (B) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 222,050 222,050 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 35,603 35,603 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25,394 44,694 19,300 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,895 10,579 13,474 9 Other employee benefits 8,983 1,930 7,053 10 Payroll taxes Fees for services (non-employees): 11 Management 2,291 2,291 **b** Legal 2,700 2,700 Accounting C Lobbying e Professional fundraising services See Part IV, line 17 19,782 19,782 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 594 12,081 11,487 (A) amount, list line 11g expenses on Schedule O) 1,456 1,456 12 Advertising and promotion 20,832 21,268 436 13 Office expenses 6,594 6,594 14 Information technology Royalties 15 7,531 7,531 Occupancy 16 36,329 4.825 41,154 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 208 946 1,154 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 1,361 1,361 Depreciation, depletion, and amortization 6,305 6,305 23 Insurance 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 O) 17,361 17,361 TOWER RENT AND STORAGE а RESEARCH AND DEVELOPMENT 13,989 13,989 b 6,199 6,199 PROGRAM LICENSE C 5,090 5,090 DUES AND SUBSCRIPTIONS 311 1,698 1,387 e All other expenses 0 492,818 315,207 177,611 25 Total functional expenses Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 72,720 169,316 1 Cash-non-interest bearing 525,928 507,691 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 7,543 11,759 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 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 instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 11,283 239 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a 74,380 other basis. Complete Part VI of Schedule D 72,119 2,261 3,622 10b 10c b Less: accumulated depreciation 3,735,110 3,185,749 11 11 Investments-publicly traded securities 200,000 200,000 Investments—other securities. See Part IV, line 11 12 12 465,704 514,617 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 608 845 15 15 Other assets. See Part IV, line 11 5,045,242 4,569,753 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 58,788 38,120 Accounts payable and accrued expenses 17 17 18 18 Grants payable 40,202 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons, Complete Part II of Schedule L. 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 25 of Schedule D 98,990 38,120 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,470,763 5,007,122 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 4,470,763 5,007,122 33 Total net assets or fund balances 4,569,753 5,045,242 Total liabilities and net assets/fund balances

Form 990 (2013)

Schedule O.

the Single Audit Act and OMB Circular A-133?

	· ·				
Forr	n 990 (2013) DENVER AREA EDUCATIONAL 84-0943036			Pa	ige_12
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-5,	750
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	92,	818
3	Revenue less expenses Subtract line 2 from line 1	3	-4	98,	568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,4	70,	763
5	Net unrealized gains (losses) on investments	5	1,0	09,	945
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		24,	982
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-		
	33, column (B))	10	5,0	07,	122
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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				
	reviewed on a separate basis, consolidated basis, or both:				ļ
	Separate basis Consolidated basis Both consolidated and separate basis				
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				
	separate basis, consolidated basis, or both			3	
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		20		

If the organization changed either its oversight process or selection process during the tax year, explain in

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2013)

3a

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer	identification number		
	ENVER AREA EDUCATIONAL ELECOMMUNICATIONS CONSORTIUM	84-0943036				
_	art I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" to Fu	ds or Other Similar Funds or Ac				
	Complete if the organization answered Tes to 1	 		1) F . do . ad . lb		
_	Total	(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			п, п.		
_	funds are the organization's property, subject to the organization's exclus	_		Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in w					
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose				
D	conferring impermissible private benefit? art II Conservation Easements.			Yes No		
	Complete if the organization answered "Yes" to Fe	orm 990, Part IV, line 7.	 			
1	Purpose(s) of conservation easements held by the organization (check al	l tha <u>t a</u> pply).				
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor	rtant land	l area		
	Protection of natural habitat	Preservation of a certified historic st	tructure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	n			
	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 structure include	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, released, extin	guished, or terminated by the organization d	uring the	1		
	tax year ►					
4	Number of states where property subject to conservation easement is loc	ated ►				
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year				
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)				
•	(i) and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , ,		Yes No		
9	In Part XIII, describe how the organization reports conservation easement	ts in its revenue and expense statement, and	d			
	balance sheet, and include, if applicable, the text of the footnote to the org	•				
	organization's accounting for conservation easements.					
Pa	organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to Fo		nilar A	ssets.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	e sheet			
-	works of art, historical treasures, or other similar assets held for public ex					
	public service, provide, in Part XIII, the text of the footnote to its financial s					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		heet			
	works of art, historical treasures, or other similar assets held for public ex					
	public service, provide the following amounts relating to these items	•				
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		>	\$		
2	If the organization received or held works of art, historical treasures, or otl	her similar assets for financial gain, provide t	the			
	following amounts required to be reported under SFAS 116 (ASC 958) rel					
а	Revenues included in Form 990, Part VIII, line 1		>	\$		
b	Assets included in Form 990, Part X			\$		

-										age a
P	art III Organizations Maintaining							s (contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply).	n, and other records,	check a	any of the follow	ing that are a	significant	use of its			
а	Public exhibition	d 🗌	Loan or	exchange prog	grams					
b	Scholarly research	=	Other	3.	•					
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain h	now they	further the oro	ianization's ex	empt purpo	se in Part			
•	XIII.			rarater are erg	Jan 1122 (1011) 0 / 1	ompt purpe	oo iii r art			
5	During the year, did the organization solicit or r	receive donations of	art hist	orical treasures	or other simi	lar				
·	assets to be sold to raise funds rather than to be				•	iai			res [No
P:	art IV Escrow and Custodial Arra		t or the	organization's (Collections	·			63	
	Complete if the organization 990, Part X, line 21.		' to Fo	rm 990, Pari	t IV, line 9,	or report	ted an amount	on Form	1	
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for co	ntributions or o	ther assets no	ot	-			
	included on Form 990, Part X?		,			•			es [No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	wing tah	nle		••		Ш.	_	
_			9	,, ,				Amou	nt	
_	Beginning balance						1c			
	Additions during the year						1d			
u		•							_	
e	Distributions during the year						1e			
f	Ending balance						1f	П.		
	Did the organization include an amount on Form				=			Y	es [⊣ No
	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	lanation	has been provi	ided in Part XI	<u> </u>				
Pa	ert V Endowment Funds.	1.457 11		000 5						
	Complete if the organization							 , ———		
	<u> </u>	(a) Current year		(b) Pnor year	(c) Two year	s back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs							- 1		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt vear end halance (line 1a	column (a)) hel	ly as.			<u> </u>		
	Board designated or quasi-endowment	%	io ig,	column (a)) no	ia ao.					
	Permanent endowment ▶ %	70								
	Temporarily restricted endowment	%								
·	_									
٠.	The percentages in lines 2a, 2b, and 2c should					Ala a				
зa	Are there endowment funds not in the possessi	ion of the organization	ın ınat a	re neid and adr	ministered for	tne			Yes	I Na
	organization by:							2-43	 	No
	(i) unrelated organizations							3a(i)	$\overline{}$	+
	(ii) related organizations							3a(ii	Ψ—	┼
b	If "Yes" to 3a(ii), are the related organizations li	•						3b	<u> </u>	
4	Describe in Part XIII the intended uses of the o		ment fur	nds						
Pa	rt VI Land, Buildings, and Equip								_	
	Complete if the organization	<u>answered "Yes"</u>	to For	m 990, Part	IV, line 11a	a. See F	<u>orm 990, Part</u>	X, line 10) <u>. </u> _	
	Description of property	(a) Cost or other b	asıs	(b) Cost or o			cumulated	(d) Boo	k value	
		(investment)		(othe	er)	depr	eciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				74,380		72,119		2,	261
_ е	Other									
Total	. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part X	, columr	n (B), line 10(c))		>		2,	261

Part VII		011 0		
Schedule D (Form 990) 2013	DENVER	AREA	EDU

1 111 111	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial d	erivatives		
• •	d equity interests		
(3) Other			
(A)			
(B)			···
(C)			
(D)			
(E)			·
(F)			
(G)			
(H)			
	(b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" to		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		454 455	
	ENDENT SPECTRUM, LLC	451,477	COST
	UPPORT SERVICES, LLC	46,188	
	SPEECH MEDIA, LLC	15,489	
	E CITIZEN LLC	1,463	
	C TV Financing LLC		COST
(6)			
(7)			
(8)			
(9)		E14 C17	
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	514,617	
Part IX	Other Assets.	F 000 D-+ IV I'm-	11d Can Farm 000 Bort V line 15
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	(b) Book val
(1)	(a) Description		(a) book var
(1)			
(2)		···	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(b) must equal Form 990, Part X, col (B) line 15)		•
Part X	Other Liabilities.		
raitA	Complete if the organization answered "Yes" to	Form 990 Part IV line	11e or 11f. See Form 990. Part X.
	line 25.	Tomi 550, Fait IV, IIIIC	110 01 111. 000 1 0111 000, 1 0101,
 1.	(a) Description of liability	(b) Book value	
	ncome taxes	(4)	
- '	noonio takes	 	
(2)		 	
(3)			
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col (B) line 25) ▶		
	7-7 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u></u>	

Sche	edule D (Form 990) 2013 DENVER AREA EDUCATIONAL	84-09430	<u> 36</u>	Page 4	
P	art XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	turn.		
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.	_		
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	7		
С	Recoveries of prior year grants	2c	7		
d	Other (Describe in Part XIII.)	2d	7		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[]			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b] [
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.			
_1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities .	_2a]]		
b	Prior year adjustments	2b]		
C	Other losses	2c] [
d	Other (Describe in Part XIII.)	2d]]		
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	\			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIII.)	4b]		
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
Pa	rt XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2013

	щ	
	≓	90
	Ճ	6
	Ш	Ε
3	끙	ō
7	ၓ	E,

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 2013

Employer identification number 84-0943036 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. TELECOMMUNICATIONS CONSORTIUM General Information on Grants and Assistance DENVER AREA EDUCATIONAL Department of the Treasury Internal Revenue Service Name of the organization Part 1

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, X Yes Part IV, line 21, for any recipient that received more than ₹5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

ŝ

de la company de	2011 2010	0,0	oo. r alt II call De	Juplicated II addit	orial space is in	eenen.	
(a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KGNU					10000		
4700 WALNUT STREET							ONLINE ENHANCEMENTS
BOULDER CO 80301-2538 84-0690097	8 84-0690097	501C3	19,400				
(2) CU FOUNDATION							
4740 WALNUT STREET							сомритева то уоптн
BOULDER CO 80301	84-6049811	501C3	000'6				
(3) ONE COLORADO							
1490 LAFAYETTE, #304							MARRIAGE ECHALTWY CO
DENVER CO 80218	27-1332464	501C4	20,000				i i i i i i i i i i i i i i i i i i i
(4) PUBLIC COMMUNICATORS, INC.							
P.O. BOX 44099							CORE SITPPORT
DENVER CO 80201-4099	9 51-0173482	501C3	18,750				
(5) GREAT EDUCATION ACTION FUND							
1000 EAST 16TH AVE., #018					**		ED FINANCING BEFORM
DENVER CO 80218	20-2465500	501C4	35,000				
(6) NEW MEDIA VENTURE FUND							
10114 TORNEY AVE.						-	CORE SUPPORT
SAN FRANCISCO CA 94129	94-3153687	501C4	7,500				
(7) RIGHTS FOR ALL PEOPLE							
1400 DAYTON STREET							IMPROVING RAP'S
AURORA CO 80010	84-1599036	501C3	20,000				
(8) COLORADO PROGRESSIVE ACTION							
1029 SANTA FE DRIVE					•	-	MOBILIZING RAE
DENVER CO 80204	27-0030839	501C4	20,000				
(9) THE COLORADO INDEPENDENT							
8273 EAST 29TH PLACE							CORE SUPPORT
DENVER CO 80238	46-2634633	501C3	10,000				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

047260

0	
9	
2	
^	
4	
0	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2013

> ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Open to Public Inspection

å CORE SUPPORT & MEDIA Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, PERSONHOOD BALLOT (h) Purpose of grant or assistance Employer identification number Yes 84-0943036 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 25,000 20,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 84-0764840 501C4 65-1244918 | 501C4 TELECOMMUNICATIONS CONSORTIUM General Information on Grants and Assistance (p) EIN DENVER AREA EDUCATIONAL Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 1536 WYNCOOK STREET, SUITE 203 CO 80202 CO 80203 (a) Name and address of organization 1905 SHERMAN ST., STE. 800 (1) NARAL PRO CHOICE COLORADO (2) PROGRESS NOW COLORADO or government Name of the organization DENVER DENVER Part II Part (2) 9 6 8 6 3 3

Schedule I (Form 990) (2013)

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

Part III

84-0943036

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) (2013) DENVER AREA EDUCATIONAL

Part III can be duplicated if additional space is needed.

i	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
-						
2						
4						
ည						
မှ						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information rec	quired in Part I, line	2, Part III, column (b)	, and any other additional	nformation.

ADDITIONAL INFORMATION ı **≥** PART 1, PART 1, LINE 2: PROCEDURES FOR MONITORING THE USE OF GRANT SCHEDULE

2 THE U.S. SCHEDULE 1, PART 1, LINE FUNDS IN

STAFF MEMBERS OR CONTRACT CONSULTANTS; AND IF THERE IS ANY DISCREPANCY, THE USUALLY REQUIRES THE GRANTEE TO SUBMIT, IN DETAIL, HOW THEY USED THE FUNDS IN A NARRATIVE OF THE WORK. THE REPORTS ARE THEN REVIEWED BY ONE OR MORE IN THE CASE OF APPLICANTS WITH WHOM THE ORGANIZATION HAS A FORMAL GRANT AGREEMENT, THE AGREEMENT OUTLINES WHEN THE PAYMENTS ARE TO BE MADE AND FINAL PAYMENT WOULD NOT BE MADE UNTIL THE PROBLEM HAS BEEN CORRECTED

047260 '

SCHEDULE L

(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

Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Name	of the organization	DENVER AREA EDUCATION	NAL						Employ	yer ider	tuficatio	on num	ber		
		TELECOMMUNICATIONS CO	ONSORTIUM						84-0	9430	36				
Pŧ	art Exces	s Benefit Transactions	s (section 501(c)(3) and section	on 50	1(c)(4) organizations	only).							
	Complet	te if the organization answered	"Yes" on Forn	n 990, Part IV, I	ine 2	5a o	25b, or Form 99	0-EZ, Part	V, line	40b.					
1	(a) Name	of disqualified person	(b) Relation	onship between disq		perso	n and	(c) Descrip	ition of tra	nsaction	1		(d) Yes	Correct	ed?
(1)				Organization	<u> </u>	_							163	- -	_
(2)					-						-		-		
(3)													-	\dashv	
(4)														+	
														+	
(5) (6)			}										<u> </u>	-	
2	under section 4958					ns di	uring the year			▶ \$					_
3	Enter the amount of	of tax, if any, on line 2, above, r	reimbursed by	the organization	n					▶ \$					
Pa	art II Loans	to and/or From Interes	sted Perso	ns.		_									
	Complet	e if the organization answered	"Yes" on Form	n 990-EZ, Part '	V, line	388	or Form 990, Pa	irt IV, line	26; or ıf	the					
	organiza	ition reported an amount on Fo	orm 990, Part >	K, line 5, 6, or 2	2.										
	(a) Name o	f interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo or from	n the	(e) Onginal principal amount	(f) Balan	ce due	(g) In (default?	(h) Ap by bo comm	ard or	(i) Wi agreei	
					То	From				Yes	No	Yes	No	Yes	No
(1)				Í											

	(-)	with organization	loan	or fro	om the	principal amount	(1) Data 100 000	(9)		by bo	ard or	agree	ment?
		ļ			From			Yes	No	Yes	No	Yes	No
(1)													
(2)			<u> </u>								ļ		
(3)						<u> </u>							
(4)													
(5)													
(6)								 					
(7)								<u> </u>			_		
(8)													
(9)													
10) Total													
rotal						▶ \$							

Part III **Grants or Assistance Benefiting Interested Persons.**

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
1)					
2)					
3)					
4)					
5)					
6)					
7)					
3)					
))					
0)					

Part IV	Business	Transactions	Involving	Interested	Persons.
---------	----------	--------------	-----------	------------	----------

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	of	haring org nues?
	organization			Yes	No
(1) EBS SUPPORT SERVICES	KEY EMPLOYEES	130,909	REIMBURSEMENT		x
(2)					
(3)					Г
(4)					
(5)					
(6)					1
(7)					1
(8)					Π
(9)				\top	
10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

EBS SUPPORT SERVICES LLC IS OWNED BY FIVE MEMBERS WHICH ARE ALL NONPROFIT ORGANIZATIONS. DAETC IS A MEMBER OF EBS SUPPORT SERVICES LLC AND HAS AN 11.14% INTEREST. EBS SUPPORT SERVICES WAS CREATED FOR THE PURPOSE OF LEASING PERSONNEL AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMBERS. THE APPOINTED MANAGER OF EBS SUPPORT SERVICES IS THE PRESIDENT/CEO OF DAETC. FOUR KEY EMPLOYEES OF EBS SUPPORT SERVICES DEVOTE PART OF THEIR TIME TO DAETC BUSINESS: JOHN SCHWARTZ, ADAM MILLER, PATRICIA DWYER, AND HAZEL BOLSOVER. DAETC REIMBURSES EBS SUPPORT SERVICES FOR THE COST OF THE LEASED PERSONNEL, INCLUDING KEY EMPLOYEES. THE AMOUNT LISTED ABOVE INCLUDES ALL COMPENSATION AND BENEFITS PAID TO THESE KEY EMPLOYEES. THE AMOUNT LISTED ABOVE ALSO INCLUDES SALARY AND BENEFITS FOR OTHER SHARED EMPLOYEES AND WELL AS REIMBURSEMENT FOR SUCH ITEMS AS SHARED OFFICE SPACE, EQUIPMENT, AND OTHER OPERATING EXPENSES.

TOTAL AMOUNT PAID TO EBS SUPPORT SEE	RVICES: \$130,909	
PERSONNEL COSTS	80,297	
PAYROLL TAXESS & BENEFITS	22,457	
OTHER OPERATING EXPENSES	20,624	
RENT	7,531	

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service Name of the organization ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

DENVER AREA EDUCATIONAL TELECOMMUNICATIONS CONSORTIUM

84-0943036

FORM 990 - ORGANIZATION'S MISSION

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

SUPPORT THE PROVISION OF QUALITY AND DIVERSE INSTRUCTIONAL MEDIA CONTENT AND CAPABILITIES TO EDUCATORS AND STUDENTS, INCLUDING, BUT NOT LIMITED TO, DATA SERVICES AND INSTRUCTIONAL VIDEO;

FOSTER OPEN, HONEST AND OUTSPOKEN MEDIA THAT HELP USERS TO BE A POPULAR DEMOCRATIC CHECK ON BOTH GOVERNMENT POWER AND CONCENTRATED PRIVATE PRIVILEGE;

EXPAND THE DISSEMINATION OF MEDIA, AND POINTS OF VIEW CARRIED BY THEM, THAT OFFER DISSENTING, ALTERNATIVE, OR CRITICALLY CONSTRUCTIVE INFORMATION AND CONCEPTS TO THE MARKETPLACE OF IDEAS IN BOTH LOCAL AND GLOBAL CONTEXTS;

ENGAGE IN ADDITIONAL SOCIAL WELFARE, CHARITABLE, SCIENTIFIC, AND/OR EDUCATIONAL ACTIVITES 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.

047260

Employer identification number

84-0943036

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

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.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
THE PRESIDENT OF THE ORGANIZATION APPOINTS TWO DIRECTOR'S.

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
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, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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

047260 '

84-0943036

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, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL 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 SEPTEMEBR 2012. IN ADDITION SALARIES WERE ALSO COMPARED TO SALARY INFORMATION FROM SIMILAR ORGANIZATIONS' FORM 990 FOR THE LAST THREE YEARS. THIS REPORT AND SUPPORTING DOCUMENTATION WAS REVIEWED IN DEPTH BY THE OVERSIGHT COMMITTEE WHICH SUMMARIZED ITS REVIEW TO ALL OF THE BOARDS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SEE THE EXPLANATION SHOWN FOR FORM 990, PART VI, LINE 15A.

DENVER AREA EDUCATIONAL

Employer identification number 84-0943036

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION DOES NOT MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VII - RELATED ORGANIZATIONS

EBS SUPPORT SERVICES, LLC (D/B/A VOQAL) IS OWNED BY FIVE MEMBERS WHICH ARE ALL NONPROFIT ORGANIZATIONS. DAETC IS A MEMBER OF VOQAL AND HAS AN 11.14% INTEREST. VOQAL WAS CREATED FOR THE PURPOSE OF LEASING PERSONNEL AND PROVIDING SHARED ADMINISTRATIVE SERVICES TO ITS MEMBERS. CERTAIN DIRECTORS AND OFFICERS, INCLUDING THE ONES LISTED IN PART VII, SECTION A, WORK WITH VOQAL TO PROVIDE THEIR SERVICES TO VOQAL'S MEMBERS AND OTHER COMPANIES THE MEMBERS JOINTLY OWN. DAETC REIMBURSES VOQAL FOR THE PERSONNEL COST OF THE DIRECTORS AND OFFICERS. THE AMOUNTS LISTED ABOVE INCLUDES COMPENSATION PAID TO THESE DIRECTORS AND OFFICERS.

SCHEDULE R	Related Organizations and Unrelated Partnerships	nizations and	Unrelated F	Partnerships			OMB No 1545-0047
	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.	ganization answered "Yes" o	n Form 990, Part IV, line 33, 3 ▶ See separate instructions.	IV, line 33, 34, 35b nstructions.	, 36, or 37.		2013
Department of the Treasury Internal Revenue Service	ation abo	ule R (Form 990) and	its instructions	s at www.irs.gov/	form990.		Open to Public Inspection
Name of the organization	DENVER AREA EDUCATIONAL TELECOMMUNICATIONS CONSORTIUM					Employer identificatio	Employer identification number 84-0943036
Part I Identific	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ganization answe	red "Yes" on Fo	orm 990, Part I\	/, line 33.		
Name	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state		(d) Total income	(e) End-of-year assets	(f) Direct controlling
(1)			5				entiy
(2)							
(3)							
(4)							
(5)							
Part II Identific	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	omplete if the organs year.	anization answe	red "Yes" on Fo	orm 990, Part IV	, line 34 because	e it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	Section 512(b)(13) Controlled entity?
(1)						famo	
(2)							
(3)							
(4)							
(5)				į			
For Paperwork Reduction DAA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Sched	Schedule R (Form 990) 2013

(I) Section 512(b)(13) controlled entity?

Percentage ownership Ξ

end-of-year assets

<u>6</u>

ş

Schedule R (Form 990) 2013

Page 2

(k). Percentage ownership

General or managing partner?

amount in box 20 of Schedule K-1 Code V-UBI

(h)
Disproportionate
alloc ?

(Form 1065)

Yes No

Yes No

84-0943036

Page 3

Schedule R (Form 990) 2013 DENVER AREA EDUCATIONAL

Part V Transactions With Related Organizations Complete if the organization ans	swered "Yes" on For	the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	4, 35b, or 36.	•
Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				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?	ted organizations listed II	n Parts II–IV?		1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a
b Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				1c
d Loans or loan guarantees to or for related organization(s)				1d
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				11
g Sale of assets to related organization(s)				1g
h Purchase of assets from related organization(s)				1h
i Exchange of assets with related organization(s)				1i
j Lease of facilities, equipment, or other assets to related organization(s)				11
K Lease of racinges, equipment, or outer assets from related organization(s)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Periormarice of services of membership of fundralship solicitations for related organization(s)				=
m Penormance of services of membership of fundralsing solicitations by related organization(s)				EI.
	٠			u,
 Sharing of paid employees with related organization(s) 		-		10
n Reimbilisement hald to related organization(s) for expenses				
	•	•		
q Keimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				
				-
4	line, including covered re	elationships and transaction	n thresholds.	
l				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	int involved
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
			Schedule	Schedule R (Form 990) 2013

047260

Part VI

84-0943036

Page 4

Schedule R (Form 990) 2013 DENVER AREA EDUCATIONAL

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	i	(b) Primary activity	(c) Legal		(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(1) (1) Site Code V—UBI	(J) General or	\vdash	(k) Percentage
					section 501(c)(3) organizations?	<u> </u>	end-of-year assets	allocations?	. O	managing partner?		ownership
			$\overline{}$	sections 512-514)	Yes No			Yes No		Yes	9	
DENT SPECTRUM LLC K 6060	41-2183115								N/A			
BOULDER CO 80306		EDUCATION	8	ROYALTIES	×	177,013	451,475	×			×	9.10
(2)												
(3)												
(4)												
(5)												
(9)												
(2)	_	_										
(8)					_							
(6)												
(10)												<u> </u>
(11)												

Schedule R (Form 990) 2013

84-0943036

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).