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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 private foundations)

Department of the Treasury Internal Revenue Service

▶ 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.lrs.gov/form990. Open to Public Inspection

OMB No 1545-0047

A F	or the	2014 calendar year, or tax year beginning	and and	enaing		
В	Check if ipplicable	C Name of organization			D Employer identific	ation number
	Addres change		Α			
Г	Name change	<u> </u>			83-04	173258
一	Initial	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone number	
_	Final	PO BOX 994				10-5782
_	return/ termin-		7/P or foreign postal code	.,	G Gross receipts \$	140,328.
	ated ∏Amend		Zii oi loreigii postai code		H(a) Is this a group ret	
늗	Iretum _]Applic:		N O'UNCUT		for subordinates?	
L	⊥ltiòn pendin			304	1	
_		1650 YELLOW PINE AVE.,			H(b) Are all subordinates inc	
		mpt status: X 501(c)(3) 501(c) (or 527	1 '	ist. (see instructions)
		e: N/A	. [-1]		H(c) Group exemption	
	orm of	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 200 / M	State of legal domicile: CO
_F		Briefly describe the organization's mission or mos	significant activities: VTDE	O PROL	DUCTION SERVI	CES
Activities & Governance	'	Shelly describe the organization's mission of mos	significant activities. <u>VIDD</u>		OCITOR DERIVE	
ī	2	Check this box If the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net as:	sets
Š	1	Number of voting members of the governing body			3	4
Ğ		Number of independent voting members of the go			4	4
କ୍ ଟ		Total number of individuals employed in calendar			5	0
iţie	I	Total number of volunteers (estimate if necessary)			6	0
츷	_	Fotal unrelated business revenue from Part VIII, co	•		7a	0.
ĕ		Net unrelated business taxable income from Form			7b	0.
_		14t dillelated busiliess taxable income from 1 offi	350 1, 11110 04 .		Prior Year	Current Year
		Contributions and grants (Part VIII, line 1b)	RECEIVE		4,000.	0.
Ë	i	Contributions and grants (Part VIII, line 1h)	CEVED TO	`;;	249,177.	140,328.
Revenue	1	Program service revenue (Part VIII, line 2g)	1 1/24	<i>!</i> —	0.	0.
Se !		nvestment income (Part VIII, column (A), lines 35.2		;	0.	0.
2		Other revenue (Part VIII, column (A), lines 5, $6\frac{1}{6}$, $8\frac{1}{6}$				
	_	Total revenue - add lines 8 through 11 (must equa	1001		253,177.	140,328.
5		Grants and similar amounts paid (Part IX, column			0.	0.
ענ		Benefits paid to or for members (Part IX, column (0.	0.
es	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		0.	0.
×	ь	Total fundraising expenses (Part IX, column (D), lir	ne 25) 🕨	<u>0.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	I, 11f-24 e)		249,619.	148,063.
	18	Total expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		249,619.	148,063.
	19	Revenue less expenses. Subtract line 18 from line	12		3,558.	<u>-7,735.</u>
28	3			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			11,131.	<u>3,396.</u>
S. C.	21	Total liabilities (Part X, line 26)			0.	0.
Net Assets or	22	Net assets or fund balances Subtract line 21 from	n line 20		11,131.	3,396.
P	art II	Signature Block				
Unc	der pena	Ities of perjury, I declare that I have examined this return	, including accompanying schedul	es and staten	ents, and to the best of my	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer letter than offic	er) is based on all information of w	vhich prepare	r has any knowledge,	
					d -1	
Sig	ın	Signature of officer			Date ()	
He		ALAN O'HASHT, MANAGER	_			
	-	Type or print name and title				
		Print/Type preparer's name	Preparens signature		Date Check	PTIN
Pai	d	Rick Lane	1. Fors		8-5-15 if self-employe	P01300046
	parer	Firm's name RICK LANE CERTIF		יעאייעט(52-2249321
	Only	Firm's address 4730 TABLE MESA				<u>-</u>
750	y	BOULDER, CO 8030			Phone no.	
N.40	v the II	RS discuss this return with the preparer shown ab			11 110110 110.	Yes No
				ione		Form 990 (2014)
432	001 11-0	7-14 DIS FOLEAPERWORK REGULATION ACCURAGE	oo, ood nie ocharate iliou uot		<i>(</i>)	. 5 555 (2514)

		R COMMUNITY MEDIA	83-0)473258 Page
ar	t III Statement of Program S			
		response or note to any line in this Part III		
	Briefly describe the organization's miss VIDEO PRODUCTION SE			
	VIDEO PRODUCTION BE	NV 1CDD		· · ·
	Did the organization undertake any sig	nificant program services during the year which	were not listed on	
	the prior Form 990 or 990-EZ?			Yes X
	If "Yes," describe these new services of			
	-	, or make significant changes in how it conduc	ts, any program services?	Yes X
	If "Yes," describe these changes on So			
		ervice accomplishments for each of its three lar		
		ations are required to report the amount of gra	nts and allocations to others, the t	otal expenses, and
	revenue, if any, for each program servi	ce reported		140 220
)	(Code) (Expenses \$	148,063. Including grants of \$) (Revenue \$	140,320
	VIDEO PRODUCTION SE	RVICES		
				
	<u> </u>			"
				
		· -		
	-			
			_	
	-			- -
				_
				
			-	
,	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	/(EXPANSE 4		, , , , , , , , , , , , , , , , , , , ,	
				<u>"</u>
				· · · · · · · · · · · · · · · · · · ·
		<u> </u>		
;	(Code) (Expenses \$	including grants of \$) (Revenue \$	
			.	
			· · · · · · · · · · · · · · · · · · ·	
				·
			 	
			·	
_	Others			
t	Other program services (Describe in S		\ /-	,
_	(Expenses \$	including grants of \$ 148,063.) (Revenue \$)
е	Total program service expenses	148.U63 .		

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		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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	_	<u> </u>
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		X
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 "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		<u> </u>
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>
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, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	444		v
_	Part X, line 16? 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		
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
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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	:	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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 25a	24a		X _
b	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), 501(c)(4), and 501(c)(29) 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	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 "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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		<u> </u>
	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		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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?	"		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		х
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?	<u> </u>		T
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2014)
				, ,

	990 (2014) BOULDER COMMUNITY MEDIA 83-0473	<u> 258</u>	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	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,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
a	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		i
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	1 II A Land Annual Company of the Albandary of the Annual Company	13a	L^{-}	
==	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	10a		<u> </u>	
14a	October 1981	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	n 99 0	(2014

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BOULDER COMMUNITY MEDIA 83-0473258 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. \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 4 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 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 Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: RICK LANE CERTIFIED PUBLIC ACCOUNTA - 303-541-9433 4730 TABLE MESA DRIVE, SUITE B-100, BOULDER, CO

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

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	d organization compensat						ated any current officer, director, or trustee.					
(A)	(B)	(C)						(D)	(E)	(F)			
Name and Title	Average	(do		Pos		ITION more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is bot officer and a director/trus			ıs bot	h an	compensation	compensation	amount of			
	week	-				or/trus	100)	from	from related	other			
	(list any	适						the	organizations	compensation			
	hours for	 	₂₃			ated		organization	(W-2/1099-MISC)	from the			
	related	nstee	慧		 83	E E	İ	(W-2/1099-MISC)		organization and related			
	organizations below	를	Bonal		흕	2 8	_			organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations			
(1) ALAN O'HASHI	40.00	-	=	-	×	1 8	1						
MANAGER		1						24,000.	0.	0.			
(2) DORREL EDSTRAND	5.00				1	T^-							
CHAIR -		1						0.	0.	0.			
(3) BOB LARUE	5.00												
BOARD MEMBER		1	,	1				0.	0.	_ 0.			
(4) PAUL DAUGHERTY	5.00			Ì		Π	Π						
SECRETARY		1	Ì					0.	0.	0.			
(5) ROBIN BEECK	5.00									-			
BOARD MEMBER					<u> </u>			0.	0.	0.			
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	(A) Name and title	(B) Average hours per week	officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	aı	(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)	organizations (W-2/1099-MISC)	org ar	npensa rom th ganizat id relat anizati	ne tion ted
													
1b Sub-to									24,000.	0			0.
c Total f	rom continuation sheets to Part \ add lines 1b and 1c)	/II, Section A						>	24,000. 24,000.	0	•	-	0.
2 Total n	umber of individuals (including but nsation from the organization	not limited to th	nose	liste	d at	oove	e) wt	no re		0,000 of reportable			0
	organization list any former office ? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee	or h	nighest compensated e	mployee on	3	Yes	No X
4 For any	y individual listed on line 1a, is the sated organizations greater than \$1	sum of reportab	le co						· ·	the organization	4		х
render	y person listed on line 1a receive or ed to the organization? If "Yes," col Independent Contractors	•				•		elate	ed organization or indiv	dual for services	5		х
1 Comple	ete this table for your five highest c panization Report compensation fo										sation	from	
	(A) Name and busines			ONI					(B) Description of s		(Compe	C) ensatio	วก
								-			<u> </u>		
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O T-1-1		Galada - La				Ale -				4			
	umber of independent contractors 00 of compensation from the orgai		iot III	nite	u to		se li: O	STEC	above) who received n	iore than		990 (

		Check if Schedule O cont	aine a raenonea	or note to any lin	e in this Part VIII			[
		· Oneck is defined also decisions	ams a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
t st	1 a	Federated campaigns	1a			- "		<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
اچَي	С	<u> </u>	1c					
まる!	d		1d					
S,E	е	0	• —			ŀ		
ē	f	All other contributions, gifts, gran						
F	_	similar amounts not included abo	3 1					
	g	Noncash contributions included in lines						
S #	_	Total, Add lines 1a-1f		<u> </u>	,			
	_	 -		Business Code				
g	2 a	PRODUCTION SERV	ICES IN	541900	140,328.	140,328.		İ
Program Service Revenue	b	•			•			
S Ž	c							
e a	d							
<u>8</u>	е							
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	140,328.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less. rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis	1	1				
		and sales expenses						
	С	Gain or (loss)		L				
Ì	d	Net gain or (loss)		_				
9	8 a		g events (not	:				
Other Revenu		ıncluding \$	of					
<u></u>		contributions reported on line	1c) See	-				
<u>_</u>		Part IV, line 18	а					
8		Less: direct expenses	b					
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac						
	_	Part IV, line 19	a					
		Less: direct expenses	. b	L				
		Net income or (loss) from gan	-	. •				
	10 a	Gross sales of inventory, less	returns					
	_	and allowances	a					İ
		Less: cost of goods sold	b					
	<u> </u>	Net income or (loss) from sale						
-		Miscellaneous Revenu		Business Code				
	11 a			 		-		· · ·
	b	·						
	C سہ	All other revenue						-
	a	All other revenue Total. Add lines 11a-11d						
	12	Total revenue. See instructions.	•		140,328.	140,328.	0.	0.
43200 11-07	9		··•					Form 990 (2014)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) \mathbf{x} Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (C) (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses ĕxpenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 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) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 24,000 24,000. Management Legal b 1,100 1,100. Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 84,052. 84,052. column (A) amount, list line 11g expenses on Sch O.) 3,391. 3,391. Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 4,668. 4,668 16 Occupancy 2,886. 2,886. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 374 374. Depreciation, depletion, and amortization 22 7,622. 7,622. Insurance 23 Other expenses. Itemize expenses not covered 24 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.) 3,685. 3,685 DONATIONS 3,663. 3,663 SUPPLIES c DUES & SUBSCRIPTIONS 2,599. 2,599. 2,076. 2,076 d MEALS 7,947. 7,947 All other expenses 0. 148,063. 148,063 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)

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,196.	1	2,825.
	2	Savings and temporary cash investments		2	10.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
	ŀ	employers and sponsoring organizations of section 501(c)(9) voluntary			
ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	I -	Land, buildings, and equipment cost or other			
	l loa	basis Complete Part VI of Schedule D 10a 3,899.			
		Less accumulated depreciation 10b 3,338.	935.	10c	561.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	· 	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	· -
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,131.	16	3,396.
	17	Accounts payable and accrued expenses	11/1011	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	· · - · - · · - · · · ·	21	······································
<i>'</i>	22	Loans and other payables to current and former officers, directors, trustees,			
Ęį	22	key employees, highest compensated employees, and disqualified persons]]	
Liabilities		Complete Part II of Schedule L		22	
2:	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here and			
th.		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
<u>a</u>	28	Temporanly restricted net assets	-	28	
Ä	29	Permanently restricted net assets		29	
Ĕ	~~	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒			
F		and complete lines 30 through 34.		1 1	
ts c	30	Capital stock or trust principal, or current funds	11,131.	30	3,396.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
Z	33	Total net assets or fund balances	11,131.	33	3,396.
	34	Total liabilities and net assets/fund balances	11,131.	34	3,396.
	34	Total liabilities and het assets/fund baldifless			Co 990 (2014)

Form **990** (2014)

Form	1990 (2014) BOULDER COMMUNITY MEDIA	83-04	73258	Pa	ne 12			
	rt XI Reconciliation of Net Assets				<u>,, , , , , , , , , , , , , , , , , , ,</u>			
	Check if Schedule O contains a response or note to any line in this Part XI				\Box			
	Oncoming the second of the sec							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	140).3	28.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			63.			
3	Revenue less expenses. Subtract line 2 from line 1	3			35.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			31.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		3,3	96.			
Pa	rt 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: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
	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 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 separate	te basis,						
	consolidated basis, or both							
	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	ie 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	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt						
	or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite		26		l			

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

			DER COMMUN					33-0473258
Pa	rt I	Reason for Public C			complete thi	s part.) Se		
The	organ	zation is not a private founda						
1		A church, convention of chu	ırches, or associatio	on of churches describ	ed in section	n 170(b)(1))(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E)				
3		A hospital or a cooperative I	hospital service orga	anization described in	section 170	(b)(1)(A)(iii).	
4		A medical research organiza	ation operated in cor	njunction with a hospi	tal described	In section	170(b)(1)(A)(iii). Ente	r the hospital's name,
		city, and state.						
5		An organization operated fo	r the benefit of a col	llege or university owr	ed or operat	ed by a go	vernmental unit descr	bed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)					
6		A federal, state, or local gov	ernment or governm	nental unit described i	n section 17	'O(b)(1)(A)(v).	
7	X	An organization that normal	ly receives a substai	ntial part of its suppoi	t from a gove	ernmental	unit or from the genera	al public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part Ii)					
8		A community trust describe	d in section 170(b)((1)(A)(vi). (Complete P	art II.)			
9		An organization that normal	ly receives: (1) more	than 33 1/3% of its s	upport from	contributio	ns, membership fees,	and gross receipts from
		activities related to its exem	pt functions - subjec	ct to certain exception	s, and (2) no	more than	n 33 1/3% of its suppo	rt from gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax)	from busine	sses acqui	red by the organization	n after June 30, 1975.
		See section 509(a)(2). (Con	nplete Part III.)					
10		An organization organized a	and operated exclusi	ively to test for public	safety. See s	section 50	9(a)(4).	
11	Ш	An organization organized a						
		more publicly supported org	ganizations describe	ed in section 509(a)(1)	or section (509(a)(2) S	See section 509(a)(3).	Check the box in
		_lines 11a through 11d that o						
а	L							
		the supported organization	on(s) the power to re	gularly appoint or elec	t a majority o	of the direc	ctors or trustees of the	supporting
	_	organization. You must c	•					
b	. L							
		control or management of			same perso	ons that co	ntrol or manage the su	ipported
	_	organization(s). You must	•					
C	:		-					ited with,
	_	its supported organization	· · ·	•				
C	ı L	☐ Type III non-functionally	_					
		that is not functionally into						ntiveness
		requirement (see instructi	•	•				11
e	• ட	Check this box if the orga					Type i, Type ii, Type i	11
		functionally integrated, or	• •	maily integrated suppl	orung organi	zauon.		
T		er the number of supported o	•	ad arganization(s)	•			
<u>c</u>		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organizatio	n (iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9		n your	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(occ morraditeria))				
							-	
						1		
						<u>-</u>		
Tot	<u>al</u>					<u> </u>		
LH/	A For	Paperwork Reduction Act N	lotice, see the Instr	ructions for			Schedule A (Fe	orm 990 or 990-EZ) 2014

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

13

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

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

	tion A. Public Support						
1	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
•	Gifts, grants, contributions, and						T
	membership fees received. (Do not						
	include any "unusual grants.")	40,714.	17,860.	1,500.	4,000.		64,074.
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to	1		·			
	or expended on its behalf						
-	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		4 - 44				
	Total. Add lines 1 through 3	40,714.	17,860.	1,500.	4,000.		64,074.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	:					
	on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						
	''			 ···	<u></u>		64,074.
	Public support. Subtract line 5 from line 4 tion B. Total Support			<u> </u>	 	<u> </u>	1 04,074.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	40,714.	17,860.	1,500.	4,000.	(e) 2014	64,074.
•	Gross income from interest,	40,714.	17,000.	1,500.	4,000.		04,014.
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	15,006.					15,006.
9	Net income from unrelated business	2370001					13,000
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	•					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						79,080.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	563,486
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec.	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	81.02 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	71.15 %
16a	33 1/3% support test - 2014. If the	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
	33 1/3% support test - 2013. If the	_			line 15 is 33 1/3%	or more, check	this box
b		ifies as a publicly s	· · · · · ·				▶∟
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·		hack a hav an line	13, 16a, or 16b, a	and line 14 is 10%	6 or more,
	10% -facts-and-circumstances tes	t - 2014. If the org					
	10% -facts-and-circumstances tes and if the organization meets the "fac	t - 2014. If the org	ces" test, check th	nis box and stop h	: •	rt VI how the orga	anization
17a	10% -facts-and-circumstances tes and if the organization meets the "facts-and-circumstances"	t - 2014. If the org ts-and-circumstan test. The organiza	ces" test, check th tion qualifies as a	nis box and stop he publicly supported	organization	J	
17a	10% -facts-and-circumstances tes and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	t - 2014. If the org ets-and-circumstan test. The organiza t - 2013. If the org	ces" test, check th tion qualifies as a anization did not c	nis box and stop ho publicly supported theck a box on line	organization 13, 16a, 16b, or	17a, and line 15 is	▶ □
17a	10% -facts-and-circumstances tes and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances tes more, and if the organization meets the	t - 2014. If the org ts-and-circumstan test. The organiza t - 2013. If the org ne "facts-and-circu	ces" test, check th tion qualifies as a anization did not c mstances" test, ch	nis box and stop he publicly supported theck a box on line neck this box and s	organization 13, 16a, 16b, or stop here. Explair	17a, and line 15 is i in Part VI how th	▶ □
17a b	10% -facts-and-circumstances tes and if the organization meets the "fact meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	t - 2014. If the orgets-and-circumstantest. The organizate - 2013. If the orgene "facts-and-circucumstances" test.	ces" test, check th tion qualifies as a anization did not c mstances" test, ch The organization c	nis box and stop he publicly supported theck a box on line neck this box and s qualifies as a public	organization 13, 16a, 16b, or stop here. Explair ly supported orga	17a, and line 15 is in Part VI how th anization	s 10% or ne

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	, p					-
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")		1				ĺ
2 Gross receipts from admissions,						
merchandise sold or services per-				1		
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose				 	-	
3 Gross receipts from activities that						
are not an unrelated trade or bus-				j		
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						1
the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			 			
3 received from disqualified persons		 				
b Amounts included on lines 2 and 3 received from other than disqualified persons that					1	
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		-	_	 	1	
c Add lines 7a and 7b	<u> </u>	 	<u> </u>		ļ	<u> </u>
8 Public support (Subtract line 7c from line 6)	<u> </u>			1	<u> </u>	<u> </u>
Section B. Total Support		.				
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
•		 	 		+	
c Add lines 10a and 10b 11 Net income from unrelated business		 		1	 	
activities not included in line 10b,						1
whether or not the business is				1		
regularly carned on	<u> </u>		ļ	ļ	1	
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u>L</u>			<u> </u>	
14 First five years. If the Form 990 is fo	or the organization'	's first, second, the	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here					<u> </u>	▶□
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2014			column (f))		15	
16 Public support percentage from 201					16	
Section D. Computation of Inve)	-		
17 Investment income percentage for 2					17	
18 Investment income percentage from	•	• • • • • • • • • • • • • • • • • • • •	10, column (i))			
			on line 14 and lin	 . 15 is mars the -	18 33 1/3% and line:	
19a 33 1/3% support tests - 2014. If the	=					17 IS HOL
more than 33 1/3%, check this box		=				. ▶∟
b 33 1/3% support tests - 2013. If the	-					_
line 18 is not more than 33 1/3%, ch		-			-	· ► <u></u>
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	nstructions .	
432023 09-17-14				Sc	hedule A (Form 99	30 or 990-EZ) 2

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4h c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial 7 contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

432024 09-17-14

determine whether the organization had excess business holdings.)

che	dule A (Form 990 or 990-EZ) 2014 BOULDER COMMUNITY MEDI	Α	{	33-0473258 Pa
	t V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on I	Nov 20, 1970. See instr	uctions. Ali
	other Type III non-functionally integrated supporting organizations must	complete Se	ctions A through E	
ect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	.		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	· ·-·	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

chedule A (Fo	orm 990 or 990-EZ) 2014 BOULDER	COMMUNITY MEDIA	83-0473258 Pa
Part VI S	upplemental Information. Prov	de the explanations required by Part II,	line 10; Part II, line 17a or 17b; and Part III, line 12.
A	so complete this part for any additiona	information. (See instructions).	<u> </u>
•			
			·
	<u> </u>		
	 		<u> </u>
			-
			
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			<u>.</u>
		-	
028 09-17-14			Schedule A (Form 990 or 990-EZ)

SCHEDULE D

(Form 990)

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.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMINITARY MEDIA

Employer identification number 83-0473258

Par		TEDIA I Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in w	unting that the assets held in donor adv	ised funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	25 225., 5 2, 55.	. Yes No
Par		anization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	· 	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		
	aug 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 stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		eture
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
_	year >		•
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	- f
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		_
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
	conservation easements.		<u></u>
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenue 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 treat	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 13	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2014

		COMMUNITY	MED	IA				<u>83-04</u>	7325	8 P	age 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Other	Simil	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	are a sig	nıficant	use of its	collectio	n item	s
	(check all that apply)										
а	Public exhibition	d		Loan or exc	hange prograi	ms					
þ	Scholarly research	е		Other							
¢	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further tl	he organizatio	n's exem	pt purpo	ose ın Paı	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hi	storical trea	sures, or othe	r sımılar a	ssets		_		_
	to be sold to raise funds rather than to be ma							<u> </u>	<u> Yes</u>		No
Pa	t IV Escrow and Custodial Arran	-	ete if the	organizatio	n answered "`	Yes" to F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.					·				
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for	contribution	s or other ass	ets not ir	ncluded		_		_
	on Form 990, Part X?								_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year	•					1d				
е	Distributions during the year						1e				
f	Ending balance .	•					1f	<u> </u>			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for (escrow or cu	ustodial accou	ınt liabilit	y?		_ Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part I	V, line 10					
		(a) Current year	(b) P	rior year	(c) Two years	back (c) Three y	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses					_			ļ		
d	Grants or scholarships								ļ		
е	Other expenditures for facilities				ļ						
	and programs										
f	Administrative expenses								ļ		
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as.						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administer	ed for the	organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations					•			3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	· ·							3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere			T	· · · · · · · · · · · · · · · · · · ·						
	Description of property	(a) Cost or o		1	or other	,	umulate		(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	depr	eciation	·			
	Land			<u> </u>							
b	Buildings			ļ							
С	Leasehold improvements			-							
	Equipment			 	2 000		3 3	20			<u></u>
	Other Add lines 1a through 1e (Column (d) must e		V		3,899.		3,3	38.			61.

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 BOULDER COMMUNITY MEDIA		83-0473258 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Rever	nue per Return.
	Complete if the organization answered "Yes" to Form 990, Part 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 (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	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 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	
C	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line		•
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:	•	
a	Donated services and use of facilities	2a	
b	Pnor year adjustments	2b	
C	Other losses	2c	
_	Other (Describe in Part XIII)	2d	
d	Add lines 2a through 2d	24	2e
е 3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		<u> </u>
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
_		44	
a	·	46	
b	Other (Describe in Part XIII.)	4b	40
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40
b c 5	Other (Describe in Part XIII.)	3)	5
b 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	; Part IV, lines 1b and 2b,	5
b 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
b 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
b 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	; Part IV, lines 1b and 2b,	5
b 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	; Part IV, lines 1b and 2b,	5

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2014
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** BOULDER COMMUNITY MEDIA 83-0473258 Form 990, Part VI, Section B, line 11: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE IT IS FILED. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. Form 990, Part IX, Line 11q, Other Fees: PRODUCTION SERVICES: 84,052. Program service expenses 0. Management and general expenses 0. Fundraising expenses 84,052. Total expenses Total Other Fees on Form 990, Part IX, line 11g, Col A 84,052.

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

Schedule O (Form 990 or 990-EZ) (2014)