Department of the Treasury Internal Revenue Service

OGDEN, UT

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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250 000 at the end of the year

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

2001

OMB No 1545 1150

Open to Public Inspection

A F	or the	2001 calend	dar year,	or tax year beginning	07/01/01	, 2001	, and en	ding	06/30	/02	, 20
_	heck if ap	•	Please	C Name of organization	10.	.)			D Employ	rer idei	ntification number
=	Address change Name change										
=	vame cha nitial retur	-	print or	Number and street (or	PO box if mail is not deli-	vered to street	address) I	Room/suite	E Teleph	one nu	mber
=	inal retur			3645 Marine St. Car	npus Box 455				(303)	492-8176
	mended	return	Specific Instruc-	City or town state or o	country and ZIP + 4				F Enter 4	L-diait	(GEN) >
	\pplication	n pending	tions	Boulder, CO 80309	-0455				r Cinci	r-digit	
•	Section	on 501(c)(3)	_		onexempt charitable t	rusts must a	ttach	G Accou	unting met	hod	Cash Accrual
			a com	npleted Schedule A (Fo	orm 990 or 990-EZ)			Other	(specify) I	<u> </u>	
		h	haulda.	4.0.0.0				H Check	< ▶ 🔲	if the c	rganization
		te ▶ <u>bcn</u>				_			required (
ט נ	rganız	ation type (check on	nly one)— 🗹 501(c) (🕄	3) ∢ (insert no.) ☐ 49	947(a)(1) or L	<u></u> 527 _	Sched	tule B (For	m 990	990 EZ or 990-PF)
					normally not more than						
					ail, it should file a return						mplete return
	_				eceipts if \$100 000 or me					<u> </u>	24,196
Pa	rt l	Revenue	e, Exper	nses, and Change	es in Net Assets of	r Fund Bal	ances	See Spe	<u>cific Inst</u>	ructio	ons on page 35)
	1	Contributio	ons, gifts	grants, and similar a	mounts received				}	1	15,533
	2	Program s	service r	evenue including gov	ernment fees and co	intracts			ļ	2	<u>6,905</u>
	3	Membersh	hip dues	and assessments					1	3	
	4	Investmen	nt incom	e			_		ļ	4	18
	5a	Gross ame	ount fror	m sale of assets othe	er than inventory	j	5a				
	b	Less cost	t or othe	er basis and sales ex	penses	Į	5b				
	С	Gain or (lo	oss) from	n sale of assets other	r than inventory (line	5a less line	5b) (atta	ch schedi	ule)	5c	0
칠	6	Special ev	vents an	d activities (attach so	chedule) See Statem	ent 1					
Revenue				ot including \$	3567 of con	tributions					
~		reported of	on line 1))		ļ	6a		1,740		
	b	Less dire	ct exper	nses other than fundr	raising expenses	į	6b		3,771		
	С	Net incom	ne or (los	ss) from special even	its and activities (line	6a less line	6b)		Į.	6c	-2,031
	7a	Gross sale	es of inv	entory, less returns a	and allowances	ļ.	7a				
	b	Less cost	t of good	ds sold		Į	7b				
	С	Gross pro	ofit or (los	ss) from sales of inve	entory (line 7a less lin	ie 7b)			ļ	7c	0
	8	Other reve	enue (de	escribe 🕨	<u> </u>)	8	
	9	Total reve	enue (ad	d lines 1 2, 3 4, 5c	, 6c 7c, and 8)				>	9	\$20 <u>,4</u> 25
	10	Grants an	id similai	r amounts paid (attac	ch schedule)					10	
	11	Benefits p	oaid to o	r for members						11	
es	12	Salaries, d	other co	mpensation and emp	ployee benefits					12	22,024
Suc	13	Profession	nal fees	and other payments	to independent conti	ractors				13	3,270
Expenses	14	Occupano	cy, rent	utilities and mainten	ance					14	
ш				ons postage and sh					1	15	<u>441</u>
					poard development.	depreciatio	<u>n</u>			16	4,708
	17	Total exp	enses (a	add lines 10 through	<u>16)</u>				>	17	30,443
ţ	18	Excess or	r (deficit)) for the year (line 9 li	ess line 17)					18	-10,018
Assets	19	Net asset	s or fun	id balances at begin	ning of year (from lin	ne 27 colum	n (A)) (r	nust agre	e with		
		end-of-ye	ar figure	reported on prior ye	ear's return)			•		19	<u>8,544</u>
Net	20				alances (attach expla					20	
	21				year (combine lines				▶	21	-1,474
Pa	rt II	Balance	Sheets	s—If Total assets on	line 25, column (B) a	<u>re \$250 000</u>	or more				f Form 990-EZ
			(S	See Specific Instruction	ons on page 39)			(A) Beg	ginning of ye		(B) End of year
22	Cast	h savings,	and inve	estments				<u> </u>	6,6	10 22	1,333
23		and build						<u> </u>		23	
24	山上	CEIVE	escribe	See Statement 3)			79 24	
<u>25</u>										89 25	
		l liabilities)	 		45 26	
3	문원람	assets or	Hud by	ances (line 27 of co	ilumn (B) must agree	with line 21)	_L		44 27	
ALDI.	Papeh	work Rédule	stron Po	Notice, see the separ	ate instructions			Cat No 1	106421		Form 990-EZ (2001)

Page	4

	1 III	Statement of Program Service Accom	nlishments (See Specific	c Instructions on	DAGE ALL I	1	Expenses	
		e organization s primary exempt purpose?				(Rec	guired for 501(c)(3)
wna	t is the	e organization's primary exempt purpose	then a sysmet purposes.	a a class and care	use manner	and	(4) organization	าร์
บยรบ desc	ribe th	that was achieved in carrying out the organizate services provided, the number of persons ber	nefited, or other relevant inf	ormation for each c	rogram title	Opti	4947(a)(1) trust onal for others)	.5
		atement 2			<u> </u>	╁┷╌	 	
28 '	JCC . Q.		*****		•••••			
-				Grants \$		28a	18,2790	-00
			· 	Giants #		200	1 , 2,	_
29 .			•• ••• ••• •• •••	······ · · · · · · · · · · · · · · · ·				
-				Grants \$		29a		
-				Oranics &		1200		
30 .		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	• •				ļ	
			· · · · · · · · · · · · · · · · · · ·	Grants \$	···· 1	30a		
31 (Other c	program services (attach schedule)		Grants \$	'n	31a	-	
_		rogram service expenses (add lines 28a th	 		<u> </u>	32	\$18,2	279
	rt IV	List of Officers, Directors, Trustees, and Key I		en if not compensate	ed See Specifi			
			(B) Title and average	(C) Compensation	(D) Contribution	ons to	(E) Expense	,
		(A) Name and address	hours per week devoted to position	(If not paid enter -0-)	employee benefit deferred compe	plans & nsation	account and other allowance	٠,
Sec	e State	ement 6		2000 7 7				
		· · · · · · · · · · · · · · · · · · ·					1	
								
Pai	rt V	Other Information (Note the attachme	ent requirement in Geni	eral Instruction V	, page 14)		Yes N	l ok
		Other Information (Note the attachme						VO N
33	Did the	e organization engage in any activity not previously re	eported to the IRS? If "Yes," at	tach a description of	each activity			
33 34	Did the Were a	e organization engage in any activity not previously re any changes made to the organizing or governing docume	eported to the IRS? If "Yes," at ents but not reported to the IRS?	tach a description of	each activity of changes	-1 -b-, .e		
33 34	Did the Were a	e organization engage in any activity not previously re any changes made to the organizing or governing docume organization had income from business activitie	eported to the IRS? If "Yes," at ents but not reported to the IRS? as such as those reported of	tach a description of If "Yes" attach a copy on lines 2, 6 and 7 (each activity of changes famong others			
33 34 35	Did the Were a If the report	e organization engage in any activity not previously re any changes made to the organizing or governing docume organization had income from business activitie ted on Form 990 T attach a statement explaini	eported to the IRS? If "Yes," at ents but not reported to the IRS? as such as those reported on g your reason for not repo	tach a description of If "Yes" attach a copy on lines 2, 6 and 7 a orting the income or	each activity of changes among others Form 990-T		NOT	
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SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions)

୭@**01**

Employer identification number

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Boulder Community Network 1418830 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None') (d) Contributions to (e) Expense account and other (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours mployee benefit plans & (c) Compensation per week devoted to position deferred compensation allowances None --- ----..... Total number of other employees paid over 0 \$50 000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50 000 for ٥ professional services

Sched	tule A	(Form 990 or 990 EZ) 2001		Р	age 2
Par	t III	Statements About Activities (See page 2 of the instructions)	ļ	Yes	No
1	or i Par	ring the year has the organization attempted to influence national, state or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If Yes " enter the total expenses paid incurred in connection with the lobbying activities \$	1		<u> </u>
	org	anizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description o lobbying activities			
2	sub with owi	ring the year has the organization either directly or indirectly engaged in any of the following acts with any istantial contributors trustees, directors officers creators, key employees or members of their families on any taxable organization with which any such person is affiliated as an officer director trustee, majoritiner, or principal beneficiary? (If the answer to any question is 'Yes," attach a detailed statement explaining this sactions.)			
а	Sal	e exchange, or leasing of property?	2a		<u> </u>
ь	Ler	iding of money or other extension of credit?	2b		~
c	Fur	nishing of goods, services or facilities?	2c		
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	V	
е	Tra	nsfer of any part of its income or assets?	2e		
		See Statement 7			
3 4		es the organization make grants for scholarships fellowships student loans, etc? (See Note below) you have a section 403(b) annuity plan for your employees?	3 4		<u>v</u>
		ach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments			
Pa	rt I <u>\</u>	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruction	s)		
The	orga	nization is not a private foundation because it is. (Please check only ONE applicable box.)			
5 6	Н	A church convention of churches or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8		A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the he and state ▶		• • • • • • •	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. So (Also complete the Support Schedule in Part IV-A.)			
ııa		An organization that normally receives a substantial part of its support from a governmental unit or from Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	i the gen	ierai p	ublic
11b 12		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 33½% of its support from contributions, members receipts from activities related to its charitable etc. functions—subject to certain exceptions and (2) no its support from gross investment income and unrelated business taxable income (less section 511 tax) from by the organization after June 30 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	more that business	n 334	1% of
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and su described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(3))			
		Provide the following information about the supported organizations. (See page 5 of the instruction	ns)		
		tal Namels) of Supported Organizationisi	ine numb om abovi		
		į (
					

14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions.)

	dule A'(Form 990 or 990 EZ) 2001 T IV-A Support Schedule (Complete only	r if you checked a	box on line 10.	11 or 12) Use (ash method (Page 3	
	You may use the worksheet in the instructions						
Cale	ndar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	,
15	Gifts, grants, and contributions received (Do	41.054	74 703	50.356	40.02	477 434	
	not include unusual grants See line 28)	41,054	74,783	50,356	10,93		
16	Membership fees received	0	0	0		0 0	
17	Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	24,897	18,235	26,208	4,37	73,714	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)) rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975	326	57	152	19	726	
19	Net income from unrelated business activities not included in line 18					0	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	4,550	5,160	35,500	34,00	79,210	
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	209	0	0		0 209	Stmt
23	Total of lines 15 through 22	71,036	98,235	112,216	49,49	6 330,983	-
24	Line 23 minus line 17	46,139	80,000	86,008	45,12	22 257,269	•
25	Enter 1% of line 23	710	982	1,122	49	5	
26	Organizations described on lines 10 or 11	a Enter 2% of	 amount in columi	n (e) line 24	▶ 26	a 5,145	
С		zation) whose tota ith your return Ei ne 24 column (e) 726	I gifts for 1997 th nter the total of all	rough 2000 exce I these excess arr	eded the nounts > 26	c 257,269	<u>.</u>
		209_	26b 3,6	<u> 579</u>	▶ 26		-
e	Public support (line 26c minus line 26d total)	والمساسين المساسين	76a (danamu		▶ 26		-
27	Organizations described on line 12 a For person prepare a list for your records to show Do not file this list with your return Enter the	or amounts includ the name of, and e sum of such am	ed in lines 15 1 total amounts rec nounts for each y	6 and 17 that w	er from, each "o	rom a 'disqualified disqualified person	-
b	For any amount included in line 17 that was received show the name of and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year	year that was mor 5 through 11 as w	son (other than 'd e than the <mark>larger</mark> ell as individuals)	of (1) the amount Do not file this list	on line 25 for the st with your ret	st for your records to ne year or (2) \$5 000 urn After computing)
			(1998) .		(1997)	· · · ·	
С	Add Amounts from column (e) for lines 15				▶ 27	c	_
d		and line 27b total			▶ 27	d	-
е	Public support (line 27c total minus line 27d to				▶ 27	'e	
f	Total support for section 509(a)(2) test. Enter a	•	3 column (e)	► 27f			
g	Public support percentage (line 27e (numera				▶ 27	9 %	2
_ <u>h</u>	Investment income percentage (line 18, colu	ımn (e) (numerat	or) divided by hi	ne 27f (denomina	ator)) 🕨 27	<u>h</u> %	2
28	Unusual Grants For an organization describe prepare a list for your records to show for ea description of the nature of the grant Do not	ch year the nam	e of the contribu	tor the date and	amount of th	e grant and a brief	f

Schedule A (Form 990 or 990 EZ) 2001 Part V Private School Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws,	29	Yes	No
30	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
30	brochures catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves?	31		
	If Yes" please describe, if No,' please explain (If you need more space attach a separate statement)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues brochures, announcements, and other written communications to the public dealing	32c		
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered No" to any of the above, please explain (If you need more space attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g	_	
ħ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	-	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered. Yes, to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No, attach an explanation	35		
	Caladida & Irani	000	000 =	2) 200-

Dana	-

Par	t VI-A Lobbying Expenditures by El (To be completed ONLY by an					tructions)	
Chec	k ▶ a ☐ if the organization belongs to an affili	ated group Che	ck ▶ b 🔲 ıf	you checked *	a" and 'lii	nited control"	provisions apply
	Limits on Lobbyi				Aff	(a) il ated group totals	(b) To be completed for ALL electing
	(The term 'expenditures" mea				20		organizations
36	Total lobbying expenditures to influence public			<u></u>	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)						
38	Total lobbying expenditures (add lines 36 and 37)						
39	Other exempt purpose expenditures	20 20)			39 40		
40 41	Total exempt purpose expenditures (add lines Lobbying nontaxable amount Enter the amount		ina tabla		iinim		
41		bbying nontaxab	-				
		of the amount on I		ı			
		00 plus 15% of the		00 000			
		00 plus 10% of the			41		
		00 plus 5% of the		1 6			
	Over \$17 000 000 \$1 000	000		, j			
42	Grassroots nontaxable amount (enter 25% of	line 41)		ļ	42		
43	Subtract line 42 from line 36 Enter -0- if line	42 is more than lir	ne 36	1	43		
44	Subtract line 41 from line 38 Enter -0- if line	41 is more than lir	ne 38		44		
	Courteen If share is an amount on other line A	2 or hop 44 your	must file Form A	720			
	Caution If there is an amount on either line 4	eraging Period					
	(Some organizations that made a section See the instructions	for lines 45 throug		1 of the instru	ictions)		
	Calendar year (or	(a)	(b)	(c)	1	(d)	(e)
	fiscal year beginning in) ▶	2001	2000	1999	-	1998	Total
					$\neg \uparrow \neg$		
45	Labbana a saturable saterna						
	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
_	Lobbying ceiling amount (150% of line 45(e))						
46							
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures						
_	Lobbying ceiling amount (150% of line 45(e))						
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount						
47	Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures						
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Schedule A	(Form 990 or 990-EZ)	2001				F	Page (
Part VI		n Regarding Tra ganizations (Se	insfers To and Transaction e page 12 of the instruction	ns and Relationships With N	loncharital		
51 Did 501	the reporting organ	nization directly or ner than section 50	indirectly engage in any of the 1(c)(3) organizations) or in secti	following with any other organization 527 relating to political organization	tion describer	d in s	ection
			to a rioncharitable exempt orga			Yes	No
	Cash				51a(ı)		~
(n)	Other assets				a(11)		~
b Oth	er transactions						
(1)	Sales or exchange	es of assets with a	noncharitable exempt organiza	tion	Ь(i)		~
			itable exempt organization	_	b(II)		~
(ui)	Rental of facilities	equipment or oth	ner assets	·	b(ni)		~
(IV)	Reimbursement ai	rrangements			b(iv)		~
(v)	Loans or loan gua	rantees			b(v)		~
(vi)	Performance of se	ervices or members	ship or fundraising solicitations		b(vi)		~
			sts, other assets or paid emplo		<u> </u>		~
goo	ds other assets or :	services given by th	e reporting organization. If the or-	Column (b) should always show the ganization received less than fair mai is other assets or services received	rket value in a	ue of ny	the
(a) Line no	(b) Amount involved	Name of none	(c) :haritable exempt organization	(d) Description of transfers transactions	and sharing arra	anaeme	ents
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des	cribed in section 50	01(c) of the Code (d	other than section 501(c)(3)) or i	ne or more tax-exempt organization n section 527?	ons Ves	· ·) No
רוו ט	es " complete the	rollowing schedule					
	(a) Name of organiz	ation	(b) Type of organization	(c) Description of relat	ionship		
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Statement 1
Form 990 EZ
Page 1
Part I
Question 6

Boulder Community Network 84-1418830

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Fundraising	\$5,307 00	\$3,567 00	\$1,740 00	\$3,771 00	-\$2,031 00
Total	\$5,307 00	\$3,567 00	\$1,740 00	\$3,771 00	-\$2,031 00

Statement 2 Form 990 EZ Page 2 Part III Question Boulder Community Network 84-1418830

Program Services

Achievement	Pgm Svc Exp
The technical assistance program provided web hosting to over 200 community organizations, served about 10 million web pages to end users and matched technical vlaunteers to local organizations Grants and Allocations	\$18 279 00
Total	\$18,279 00

Statement 3
Form 990 EZ
Page 1
Part II
Question 24

Boulder Community Network 84-1418830

Other Assets

Asset Description	Amount
Equipment	\$1,193 00
Total	\$1,193 00

Statement 4
Form 990 EZ
Page 2

Boulder Community Network 84-1418830

Part V Question 38

Loans from Officers, Directors, Etc

Lender's Name Lender's Title Neal McBurnett President

Original Amount Balance Due \$4,000 00 \$4,000 00

Date of Note Maturity Date Repayment Terms 11/01/2002 06/30/2003 Installment

Interest Rate Security Provided by Borrower 0 None

Purpose of Loan

Operating expenses

Description of Consideration

Cash

FMV of Consideration

\$4,000 00

Total Due

\$4,000 00

Statement 5
Form 990 EZ
Page 1
Part II
Question 26

Boulder Community Network 84-1418830

Other Liabilities

Liability Description	Amount
Loan from Officer	\$4 000 00
Total	\$4,000 00

Boulder Community Network 84-1418830

Statement 6
Form 990 EZ
Page 2
Part IV
Question

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp	Benefits	Expenses
Susan Silidor 66 Mineola Ct Boulder, CO 80303	Executive Director/CEO	40	\$6,282 00	\$0 00	\$0.00
Neal McBurnett 4025 Evans Drive Boulder , CO 80303	President	8	\$0 00	\$0 00	\$0 00
Jim Waterman 3645 Marine St Boulder, CO 80309	Vice President	7	\$0 00	\$0 00	\$0 00
Pierre Malraison 2520 55th St Boulder CO 80301	Secretary	4	\$0 00	\$0 00	\$0 00
Paul Tiger 452 Dickson Longmont CO 80501	Secretary	20	\$0 00	\$0 00	\$0 00
Catherine Weldon 195 S 36th Boulder CO 80303	Board Member	1	\$0 00	\$0 00	\$0 00
Art Rifkin 1487 Patton Dr Boulder, CO 80303	Board Member	1	\$0 00	\$0 00	\$0 00
Nicole Evans 3645 Marine St Boulder, CO 80309	Board Member	1	\$0 00	\$0 00	\$0 00
Rob Quinn 792 Pinebrook Rd Boulder CO 80304	Board Member	1	\$0 00	\$0 00	\$0 00
Bruce Henderson 2101 Mariposa Boulder, CO 80302	Board Member	1	\$0 00	\$0 00	\$0 00

Statement 7
Form Schedule A
Page 2
Part III
Question 2

Boulder Community Network 84-1418830

Transaction Explanations

Explanation of transaction in Schedule A, Part III, questions 2a - 2e

Compensation to Susan Silidor, Exec Dir 6,282

Statement 8
Form Schedule A
Page 3
Part IV-A
Question 22

Boulder Community Network 84-1418830

Other Income

Description	1999	1998	1997	1996
Vendor refund	\$209 00	\$0 00	\$0.00	\$0.00
Total	\$209 00	\$0 00	\$0.00	\$0 00