

2009 TAX RETURN

Client Copy

Client: 84159

Prepared for: Working With Artists
445 South Saulsbury St
Lakewood, CO 80226
303 837 1341

Prepared by: James F Yureskes
CFM, P.C.
3110 S WADSWORTH BLVD STE 303
LAKEWOOD, CO 80227-4810
(303) 987-1091

Date: May 17, 2010

Comments:

Route to: _____

2009 Exempt Org. Return
prepared for:

Working With Artists
445 South Saulsbury St
Lakewood, CO 80226

CFM, P.C.
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FEDERAL FORMS

| | |
|-------------|--|
| Form 990-EZ | 2009 Return of Organization Exempt from Income Tax |
| Schedule A | Organization Exempt Under Section 501(c)(3) |
| Schedule B | Schedule of Contributors |
| Schedule E | Schools |
| Form 990-T | 2009 Exempt Organization Bus. Income Tax Return |
| | Depreciation Schedules |

FEE SUMMARY

Preparation Fee

Working With Artists

84-1597046

| | 2009 | 2008 | Diff |
|---|---------|---------|---------|
| FORM 990-EZ REVENUE | | | |
| Contributions, gifts, and grants..... | 32,760 | 44,551 | -11,791 |
| Program service revenue..... | 143,079 | 162,912 | -19,833 |
| Membership dues and assessments..... | 25,143 | 0 | 25,143 |
| Net income (loss) - special events..... | 1,384 | 0 | 1,384 |
| Gross profit (loss) - inventory sales.... | 0 | 7,041 | -7,041 |
| Other revenue..... | 696 | 18 | 678 |
| Total revenue..... | 203,062 | 215,984 | -12,922 |
| EXPENSES | | | |
| Salaries and employee benefits..... | 81,093 | 77,728 | 3,365 |
| Professional fees/pymt to contractors.... | 2,134 | 3,512 | -1,378 |
| Occupancy/rent/utilities/maintenance.... | 23,296 | 12,451 | 10,845 |
| Printing, publications, and postage..... | 2,148 | 1,550 | 598 |
| Other expenses..... | 104,997 | 92,327 | 12,670 |
| Total expenses..... | 213,668 | 187,568 | 26,100 |
| NET ASSETS OR FUND BALANCES | | | |
| Excess or (deficit) for the year..... | -10,606 | 28,416 | -39,022 |
| Net assets/fund bal. at beg. of year.... | 38,788 | 10,372 | 28,416 |
| Net assets/fund bal. at end of year..... | 28,182 | 38,788 | -10,606 |

| | 2009 | 2008 | Diff |
|--|------|------|------|
| REVENUE | | | |
| Total revenue..... | 0 | 0 | 0 |
| DEDUCTIONS | | | |
| Total deductions..... | 0 | 0 | 0 |
| UNRELATED BUSINESS TAXABLE INCOME | | | |
| Unrelated business taxable income..... | 0 | 0 | 0 |
| TAX COMPUTATION | | | |
| Income tax..... | 0 | 0 | 0 |
| Net tax..... | 0 | 0 | 0 |
| PAYMENTS AND CREDITS | | | |
| Total payments and credits..... | 0 | 0 | 0 |
| REFUND OR AMOUNT DUE | | | |
| Tax due..... | 0 | 0 | 0 |
| Overpayment..... | 0 | 0 | 0 |

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch E, 990-T

Tax Rates

| <u>Unrelated Business</u> | <u>Marginal</u> | <u>Effective</u> |
|---------------------------|-----------------|------------------|
| Federal | 0. % | 0. % |

Carryovers to 2010

None

Rental Income Worksheet

| | | |
|---------------------------|----|------------------|
| Gross Rental Income..... | \$ | 0. |
| Expenses | | |
| Total Expenses..... | \$ | <u>0.</u> |
| Net Rental Income or Loss | \$ | <u><u>0.</u></u> |

Working With Artists

84-1597046

| No. | Description | Date Acquired | Date Sold | Cost/ Basis | Bus. Pct. | Cur 179 Bonus | Special Depr. Allow. | Prior 179/ Bonus/ Sp. Depr. | Prior Dec. Bal. Depr. | Salvage /Basis Reductn | Depr. Basis | Prior Depr. | Method | Life | Rate | Current Depr. |
|--------------------------------|-------------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|-----------------------------|------------------------------|----------------|----------------|--------|------|------|------------------|
| Form 990/990-PF | | | | | | | | | | | | | | | | |
| <u>Machinery and Equipment</u> | | | | | | | | | | | | | | | | |
| 1 | Computer | 3/23/06 | | 472 | | | | | | | 472 | 259 | S/L | 5 | | 94 |
| 2 | Computer | 6/13/08 | | 3,785 | | | | | | | 3,785 | 442 | S/L | 5 | | 757 |
| 3 | 9 LCD Screens | 12/02/08 | | 720 | | | | | | | 720 | 12 | S/L | 5 | | 144 |
| | Total Machinery and Equipment | | | 4,977 | | 0 | 0 | 0 | 0 | 0 | 4,977 | 713 | | | | 995 |
| <u>Software</u> | | | | | | | | | | | | | | | | |
| 4 | Software Adobe Photo | 12/31/08 | | 1,171 | | | | | | | 1,171 | | S/L | 3 | | 390 |
| 5 | Quick Books | 12/18/08 | | 323 | | | | | | | 323 | | S/L | 3 | | 108 |
| 6 | OWC | 4/18/08 | | 107 | | | | | | | 107 | 24 | S/L | 3 | | 36 |
| | Total Software | | | 1,601 | | 0 | 0 | 0 | 0 | 0 | 1,601 | 24 | | | | 534 |
| | Total Depreciation | | | <u>6,578</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>6,578</u> | <u>737</u> | | | | <u>1,529</u> |
| | Grand Total Depreciation | | | <u>6,578</u> | | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>6,578</u> | <u>737</u> | | | | <u>1,529</u> |

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)

2009

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning _____, **2009**, and ending _____,

| | | |
|--|--|---|
| <p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <p>C Please use IRS label or print or type. See Specific Instructions.</p> Working With Artists 445 South Saulsbury St Lakewood, CO 80226 | <p>D Employer identification number 84-1597046</p> <p>E Telephone number 303 837 1341</p> <p>F Group Exemption Number..... ▶</p> |
|--|--|---|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 203,062.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | |
|--|--|--|-----------|----------|
| R E V E N U E | 1 | Contributions, gifts, grants, and similar amounts received..... | 1 | 32,760. |
| | 2 | Program service revenue including government fees and contracts..... | 2 | 143,079. |
| | 3 | Membership dues and assessments..... | 3 | 25,143. |
| | 4 | Investment income..... | 4 | |
| | 5a | Gross amount from sale of assets other than inventory..... | 5a | |
| | 5b | Less: cost or other basis and sales expenses..... | 5b | |
| | 5c | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)..... | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here..... ▶ <input type="checkbox"/> | | |
| | 6a | a Gross revenue (not including \$ _____ of contributions reported on line 1)..... | 6a | 1,384. |
| 6b | b Less: direct expenses other than fundraising expenses..... | 6b | | |
| 6c | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)..... | 6c | 1,384. | |
| 7a | 7a Gross sales of inventory, less returns and allowances..... | 7a | | |
| 7b | b Less: cost of goods sold..... | 7b | | |
| 7c | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)..... | 7c | | |
| 8 | 8 Other revenue (describe ▶ <u>See Statement 1</u>)..... | 8 | 696. | |
| 9 | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶ | 9 | 203,062. | |
| E X P E N S E S | 10 | 10 Grants and similar amounts paid (attach schedule)..... | 10 | |
| | 11 | 11 Benefits paid to or for members..... | 11 | |
| | 12 | 12 Salaries, other compensation, and employee benefits..... | 12 | 81,093. |
| | 13 | 13 Professional fees and other payments to independent contractors..... | 13 | 2,134. |
| | 14 | 14 Occupancy, rent, utilities, and maintenance..... | 14 | 23,296. |
| | 15 | 15 Printing, publications, postage, and shipping..... | 15 | 2,148. |
| | 16 | 16 Other expenses (describe ▶ <u>See Statement 2</u>)..... | 16 | 104,997. |
| 17 | 17 Total expenses. Add lines 10 through 16..... ▶ | 17 | 213,668. | |
| A S S E T S | 18 | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)..... | 18 | -10,606. |
| | 19 | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)..... | 19 | 38,788. |
| | 20 | 20 Other changes in net assets or fund balances (attach explanation)..... | 20 | |
| | 21 | 21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶ | 21 | 28,182. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | | (A) Beginning of year | (B) End of year |
|--|--|-----------------------|-----------------|
| 22 Cash, savings, and investments..... | | 42,219. | 29,806. |
| 23 Land and buildings..... | | | |
| 24 Other assets (describe ▶ <u>See Statement 3</u>)..... | | 5,841. | 7,170. |
| 25 Total assets | | 48,060. | 36,976. |
| 26 Total liabilities (describe ▶ <u>See Statement 4</u>)..... | | 9,272. | 8,794. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)..... | | 38,788. | 28,182. |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 7

| | | Yes | No |
|------------|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. | | X |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes. | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| 35b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. | | |
| 37b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | X |
| 38b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| 39a | Initiation fees and capital contributions included on line 9. N/A | | |
| 39b | Gross receipts, included on line 9, for public use of club facilities. N/A | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. | | |
| 40b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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. | | X |
| 40c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0. | | |
| 40d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0. | | |
| 40e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. | | X |
| 41 | List the states with which a copy of this return is filed ▶ <u>None</u> | | |

42a The organization's books are in care of ▶ Lydia Vanderberg Telephone no. ▶ 303 477 4896
 Located at ▶ 445 Saulsbury Studios A-C Lakewood CO ZIP + 4 ▶ 80203

| | | Yes | No |
|--|--|-----|----|
| 42b | 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)? If 'Yes,' enter the name of the foreign country:.. ▶ _____ | | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | | | |
| 42c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____ | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** | _____ N/A

| | | Yes | No |
|-----------|--|-----|----|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | Yes | No |
|---|------------|----|
| 46 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..... | 46 | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II..... | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?..... | 49a | X |
| b If 'Yes,' was the related organization a section 527 organization?..... | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000..... ▶ _____

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ _____ Date _____

▶ _____
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ James F Yureskes Date _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CFM, P.C.
3110 S WADSWORTH BLVD STE 303
LAKWOOD, CO 80227-4810

Check if self-employed ▶ Preparer's Identifying Number (See instructions) P00122561

EIN ▶ 743017243

Phone no. ▶ (303) 987-1091

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Working With Artists

Employer identification number

84-1597046

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|------------|----|
| (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) a family member of a person described in (i) above? | 11 g (ii) | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

h Provide the following information about the supported organizations.

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of Support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. | | | | | | |
| 3 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 Total. Add lines 1-through 3. | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4. | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| 9 Net income from unrelated business 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 IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10. | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14. | 15 | % |

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

Working With Artists

Employer identification number

84-1597046

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year..... ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

Working With Artists

84-1597046

Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---------------|--|-----------------------------------|--|
| 1 | Science & Cultural Facilities Dist. 899 Logan St #500 Denver, CO 80203 | \$ 19,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| --- | ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Working With Artists

Employer identification number

84-1597046

Part II Noncash Property (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| _____ | N/A | | |
| _____ | | \$ _____ | |
| _____ | | \$ _____ | |
| _____ | | \$ _____ | |
| _____ | | \$ _____ | |
| _____ | | \$ _____ | |

BAA

Name of organization: Working With Artists
 Employer identification number: 84-1597046

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | N/A | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|------------------------|------------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Working With Artists

Employer identification number

84-1597046

| | YES | NO |
|--|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?..... | X | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?..... | X | |
| 3 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 had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Schedule O (Form 990). ----- ----- ----- | X | |
| 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff?..... | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?..... | X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?..... | X | |
| d Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990). ----- ----- | X | |
| 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?..... | | X |
| b Admissions policies?..... | | X |
| c Employment of faculty or administrative staff?..... | | X |
| d Scholarships or other financial assistance?..... | | X |
| e Educational policies?..... | | X |
| f Use of facilities?..... | | X |
| g Athletic programs?..... | | X |
| h Other extracurricular activities?..... If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990). ----- ----- | | X |
| 6a Does the organization receive any financial aid or assistance from a governmental agency?..... | | X |
| b Has the organization's right to such aid ever been revoked or suspended?..... If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990). | | X |
| 7 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,' explain on Schedule O (Form 990). ----- | X | |

Working With Artists

84-1597046

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

| | | |
|---------------------|----------|-------------|
| Misc art sales..... | \$ | 329. |
| Other Misc..... | | 317. |
| Gallery Fees..... | | 50. |
| | Total \$ | <u>696.</u> |

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

| | | |
|-----------------------------------|----------|-----------------|
| Bank charges& processing..... | \$ | 5,851. |
| Depreciation..... | | 1,529. |
| Dues and subscriptions..... | | 521. |
| Instructor fees and supplies..... | | 61,249. |
| Insurance..... | | 2,266. |
| maintenance and repairs..... | | 238. |
| Marketing..... | | 1,251. |
| Meals..... | | 1,026. |
| Models..... | | 3,668. |
| Office Expenses..... | | 677. |
| Orphan Relief pass Through..... | | 5,584. |
| Processing fees..... | | 2,908. |
| Supplies..... | | 8,780. |
| Taxes..... | | 595. |
| Telephone..... | | 2,314. |
| Travel..... | | 5,979. |
| Workers Comp..... | | 561. |
| | Total \$ | <u>104,997.</u> |

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

| | <u>Beginning</u> | <u>Ending</u> |
|------------------------------|------------------------|------------------|
| Inventories..... | \$ 0. | \$ 2,858. |
| Machinery and Equipment..... | 4,264. | 3,269. |
| Miscellaneous..... | 1,577. | 1,043. |
| | Total \$ <u>5,841.</u> | \$ <u>7,170.</u> |

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

| | <u>Beginning</u> | <u>Ending</u> |
|--|------------------------|------------------|
| Accounts Payable and Accrued Expenses..... | \$ 3,272. | \$ 2,794. |
| Payable to Officers, Directors, Etc..... | 3,500. | 3,500. |
| Secured Mortgages and Notes Payable..... | 2,500. | 2,500. |
| | Total \$ <u>9,272.</u> | \$ <u>8,794.</u> |

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To enhance the quality of life in the communities served by encouraging individual expression and communication through arts education by offering workshops on creative and thought provoking topics and encouraging the exhibition of work. To offer adult programs that help photographic artists and aspiring artists achieve their goals. To offer youth programs that provide young people with the opportunity to explore the art of photography.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

WWA developed relationships with both arts and non-arts oriented non-profit organizations. For example, in early 2009 WWA supported an Affiliate of Susan G. Komen for the Cure's vision of "a world without breast cancer" by hosting the Portraits of Courageous Beauty photography book series class. Our students, through the Portraits of Courageous Beauty classes, learned how to give the underrepresented a voice using various concepts of image manipulation and creative vision. Students published their own images and considered it to be an honor and an accomplishment to be recognized by an esteemed arts institution such as WWA. The project culminated during October, Breast Cancer Awareness Month, with an exhibition at the Vida Ellison Gallery in the Denver Public Library- Downtown Branch and a self-published book titled Portraits of Courageous Beauty.

WWA used SCFD funding to purchase 8 new flat screens for our computer lab, upgrade software and maintain the large format printers in the lab. Both of these improvements have made our computer lab a more efficient learning environment and increased the earning potential of the lab as a rental space. Often the cost of producing artwork prohibits lower income individuals from creating work and participating in exhibitions. By having a state of the art digital studio, WWA now offer this lab to our constituents as an inexpensive resource to produce their own work.

In June of 2009, WWA was proud to unveil a new and improved website. This new website allows our students to easily view our schedule, log on securely, register, pay for classes and sign up for membership. In addition to servicing our clients needs, this website improves time management for our staff by alleviating the task of manually registering students for classes. This valuable time can now be used more effectively to enhance other areas of WWA.

We have seen a dramatic increase in youth participation since last year. Attendance in our youth photography program, PhtoFUNDamentals, grew from serving 54 to 234. These classes are taught at our facility, through the Denver Public Library system, and on site at various county public schools. Counties served include: Jefferson, Denver, Arapahoe, and Douglas counties.

Statement 7
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning _____, 2009,
and ending _____, _____

2009

Department of the Treasury
Internal Revenue Service (77)

▶ See separate instructions.

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | | | | | | | | | |
|---|---|---------------------------------|---------------------------------|---------------------------------|-------------------------------|--|---------------------------------|--|----------------------|---|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(c)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> 501(c)(3) | <input type="checkbox"/> 220(e) | <input type="checkbox"/> 408(e) | <input type="checkbox"/> 530(a) | <input type="checkbox"/> 408A | | <input type="checkbox"/> 529(a) | | Print or Type | <p>Working With Artists 445 South Saulsbury St Lakewood, CO 80226</p> | <p>D Employer identification number (Employees' trust, see instructions for Block D.) 84-1597046</p> <p>E Unrelated business activity codes (See instructions for Block E.)</p> |
| <input checked="" type="checkbox"/> 501(c)(3) | <input type="checkbox"/> 220(e) | | | | | | | | | | |
| <input type="checkbox"/> 408(e) | <input type="checkbox"/> 530(a) | | | | | | | | | | |
| <input type="checkbox"/> 408A | | | | | | | | | | | |
| <input type="checkbox"/> 529(a) | | | | | | | | | | | |

| | |
|--|--|
| <p>C Book value of all assets at end of year 36,976.</p> | <p>F Group exemption number (See instructions for Block F.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|--|

H Describe the organization's primary unrelated business activity.
▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of. ▶ Lydia Vanderberg Telephone number. ▶ 303 477 4896

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|------------|--------------|---------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance. ▶ | 1 c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D) | 4 a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4 b | | |
| c Capital loss deduction for trusts | 4 c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule.) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 | 0. | 0. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | 21 | (B) Expenses | (C) Net |
|---|-------------|--------------|-------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | | | |
| 15 Salaries and wages | | | |
| 16 Repairs and maintenance | | | |
| 17 Bad debts | | | |
| 18 Interest (attach schedule) | | | |
| 19 Taxes and licenses | | | |
| 20 Charitable contributions (See instructions for limitation rules.) | | | |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22 a | | 22 b |
| 23 Depletion | | | |
| 24 Contributions to deferred compensation plans | | | |
| 25 Employee benefit programs | | | |
| 26 Excess exempt expenses (Schedule I) | | | |
| 27 Excess readership costs (Schedule J) | | | |
| 28 Other deductions (attach schedule) | | | |
| 29 Total deductions. Add lines 14 through 28 | 29 | | |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | | 0. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | | |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | | 0. |

Part III Tax Computation

| | |
|--|--|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶ 35 c 0. | |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ 36 | |
| 37 Proxy tax. See instructions ▶ 37 | |
| 38 Alternative minimum tax ▶ 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0. | |

Part IV Tax and Payments

| | |
|---|--|
| 40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a | |
| b Other credits (see instructions) 40 b | |
| c General business credit. Attach Form 3800 40 c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) 40 d | |
| e Total credits. Add lines 40a through 40d 40 e 0. | |
| 41 Subtract line 40e from line 39 41 0. | |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42 | |
| 43 Total tax. Add lines 41 and 42 43 0. | |
| 44 a Payments: A 2008 overpayment credited to 2009 44 a | |
| b 2009 estimated tax payments 44 b | |
| c Tax deposited with Form 8868 44 c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) 44 d | |
| e Backup withholding (see instructions) 44 e | |
| f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... ▶ 44 f | |
| 45 Total payments. Add lines 44a through 44f 45 0. | |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/> 46 | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 | |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 | |
| 49 Enter the amount of line 48 you want: Credited to 2010 estimated tax ▶ Refunded ▶ 49 | |

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

| | | |
|---|-----|----|
| 1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. ▶ | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file. | | X |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0. | | |

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | |
|---|--|---|--------|
| 1 Inventory at beginning of year 1 | | 6 Inventory at end of year 6 | |
| 2 Purchases 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 | |
| 3 Cost of labor 3 | | | |
| 4 a Additional section 263A costs (attach schedule) 4 a | | | |
| b Other costs (attach sch) 4 b | | | |
| 5 Total. Add lines 1 through 4b 5 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes No |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer _____ Date _____ Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature ▶ **James F Yureskes** Date _____
 Firm's name (or yours if self-employed), address, and ZIP code ▶ **CFM, P.C.**
3110 S WADSWORTH BLVD STE 303
LAKWOOD, CO 80227-4810
 Check if self-employed Preparer's SSN or PTIN **P00122561**
 EIN **743017243**
 Phone no. **(303) 987-1091**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

| 1 Description of property | | |
|--|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2 Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |

Schedule E – Unrelated Debt-Financed Income (see instructions)

| 1 Description of debt-financed property | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | | |
|--|--|---|---|--|
| | | (a) Straight line depreciation (attach sch) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ▶ | | Enter here and on page 1, Part I, line 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 ▶ | | | | |

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1 Name of Controlled Organization | 2 Employer Identification Number | Exempt Controlled Organizations | | | | |
|------------------------------------|----------------------------------|--|--|--|---|---|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals ▶ | | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B). | |

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (column 3 plus column 4) |
|-------------------------|---|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | Enter here and on page 1, Part I, line 10, column (A). | Enter here and on page 1, Part I, line 10, column (B). | | | | Enter here and on page 1, Part II, line 26. |

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | | | | | | |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, column (A). | Enter here and on page 1, Part I, line 11, column (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--------|---------|---------------------------------------|---|
| | | 0% | |
| | | 0% | |
| | | 0% | |
| | | 0% | |

Total. Enter here and on page 1, Part II, line 14