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SCANNED JUL 2 2 G | RR

Form **990-EZ**

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)

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 \$1,000,000 and total
assets less than \$2,500,000 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

OMB No 1545-1150 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service assets less than \$2,500,000 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						Inspec	tion						
			10/01		3, and end		09/	30	, 20	09			
_								D Emplo	oyer identification number				
Z	Address o	dress change use IRS Bealey Man Access of Collegists Registrate & Admissions Officers 8					84		2				
===		label or intocky with 733000 of Outside the State of Stat						E Telepi	phone number				
==	nr:al reha Composto		type. See	1 University, MS				1		(505		277-0	366
=	Ferminatio Amended		Specific	City or town, state						F Group	Exem	ntion	
		n pending	instruc- tions.	Albuquerque, NA	-					Numb		>	
•	Section	on 501(c)(3)	organiz	ations and 4947(a)(1			rusts must a	attach	G Acco	unting me	thod.	✓ Cash [Accrual
				npleted Schedule A					Other	(specify)	>		
		NI/A							H Check	< ▶ ☑	if the c	organization	ıs not
	Vebsit								•			edule B (Fo	rm 990,
<u>J</u> (rganiz	ation type (check or	nly one) 🖊 501(c) () ∢ (inse	ert no.) 📙 49	947(a)(1) or	527	990-E	Z, or 990	-PF)		
				on is not a section 509					ts are norr	mally not	more th	an \$25,000	A return is
				ization chooses to file						000 F7			40.000
E-1	0.014.000.014.014.0			ne 9 to determine gros							▶ \$	- Dord IX	42,300
		Revenue	, Expe	nses, and Chan	ges in Ne	et Assets of	r Fund Ba	iances (S	see the	Instruct		or Part I.)	40.000
	1			grants, and simila							1		42,300
	2	Program s	service i	revenue including g	government	t fees and co	ntracts .				2		
	3		•	s and assessments							3		
	4	Investment									4		
	5a			m sale of assets o		•		5a 5b		-			
	b			er basis and sales							50		
يو	С	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here								_	5c		
ž	6							gaming, che	ck here 🕨	U			
Revenue	а	Gross revenue (not including \$ of contributions											
E		reported of fine 1)							1				
	b cess. direct experises other trial fundating experises (Cubicost line Ch. from line Co.)								. 6a\	6c			
	_ c												
	7a			ventory, less return	is and allov	vances .		7b					
İ	b	Less: cost		oss sold oss) from sales of II		ulatrant line 7	 In from line	L			7c		
	с 8	Other reve		·	iventory (S	ubtract line /	ם וווסווו וווופ	ι (α) .			8		
	9			dd lines 1, 2, 3, 4,	5c. 6c. 7c.	and 8				∵	9		42,300
	10	IS.		r amounts paid (at					·		10		,,
	্য না1			or for members .						•	11		
92	CH:			mpensation, and e							12		
∑ 80				and other paymen							13		
ુ 8) 14 =			utilities, and maint							14		
n a i	15 ⊨	Printed	Whicati	ons, postage, and	shipping						15	-	
20	´ 16 _ ¯	. Other axis	enses (describe 🕨)	16		51,592
<u>"</u> ה		Total exp	enses.	Add lines 10 throu	gh 16 .				·	. 🕨	17		51,592
		Excession	deficit) for the year (Subt	ract line 17	7 from line 9)					18		-9,292
Net Assets	19	Ne Cassett	or fur	nd balances at beg	ginning of	year (from lir	ne 27, colui	mn (A)) (m	nust agre	e with			
As		end Of	ar figure	e reported on prior	r year's ret	urn)					19		29,155
ig i	20	Other com	nges in	net assets or fund	balances	(attach expla	nation) .	· · ·			20		
	۷۱	Net asset	or fun	d balances at end	of year. Co	ombine lines	18 through	20	· .: <u>:</u>	. 🕨	21		19,863
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 in the same of the same o													
			(5	See the instructions	for Part II.	.)			(A) Beg	ginning of y		(B) End of	
22	Cast	n, savings, a	and inv	estments						29,1	55 22		19,863
23											23		
24				>					 	20.4	24 55 05	+	10 963
25										29,1	55 25 26		19,863
26	Tota	Il liabilities	(describ	pe ► plances (line 27 of	column (P)	muet agree	with line 21)		20 1	55 27		19,863
27				rk Reduction Act No					Cat. No		35 21		-EZ (2008)

· · · · · · · · · · · · · · · · · · ·					
Part III Statement of Program Service Accom	plishments (See the inst	ructions for Part	III)		Expenses
What is the organization's primary exempt purpose?				(Rec	ulred for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz	use manner,	and	4947(a)(1) trusts:		
describe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	opti	onal for others)
28					
				ĺ	
(Grants \$) If this amount incl	udes foreign grants, check	here	▶ □	28a	
29					
£0					
(Grants \$) If this amount incl				29a	
30					
(Grants \$) If this amount incl	udos foreign grants, chack	horo	N	30a	
31 Other program services (attach schedule)	udes foreign grants, check	11616 , , ,	<u>. </u>	SUA	
(Grants \$) If this amount incli				31a	
32 Total program service expenses (add lines 28a th	udes foreign grants, check	nere		32	
Parat V List of Officers, Directors, Trustees, and Key					no for Dort IVA
Est of Onicers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
Long Modellon	devoted to position	enter -0)	deterred compen	sation	other allowances
Lara Medley	President	o		0	0
1600 Maple Street				-	<u>U</u>
Golden, Colorado 80401			1		
 					
Nolan Oltjenbuns	President Elect				•
3002 Carter Hall Campus Box 50		0		0	0
Greeley, CO 80639					
Carolyn Gutierrez	Treasurer	_			_
MSC11 6325 Mesa Vista Hall Rm. 1046		0		0	0
Albuquerque, NM 87131-0001					
<u>, , , , , , , , , , , , , , , , , , , </u>					
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			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	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	444774-7-4	✓
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 your reason for not reporting the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a 35b		✓
36	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b		✓
	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 unpaid at the start of the period covered by this return? If "Yes" complete Schedule I. Part II and enter the total amount involved.	38a		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		✓
41 42a	List the states with which a copy of this return is filed ▶ None The books are in care of ▶ Carolyn Gutlerrez Located at ▶ University of New Mexico, MSC11 6325, Albuquerque, NM ZIP + 4 ▶ 8	21 7131-	7-03 0001	66
b	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	42b	Yes	No ✓
	account)?	720		V
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ [
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
	Form 990-EZ	44		✓
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	45		1
	For	m 990)-EZ	(2008)

-ouw aan-ex	. (2008)						P	age 4
Part VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a	. All section 501(c)(3) ond 51.	organization	s must	answer questi	ons 4	3-49	
	he organization engage in direct or indirect p		s on behalf	of or in	opposition to		Yes	No
	lidates for public office? If "Yes," complete S	· · · · · · · · · · · · · · · · · · ·				46		✓_
	he organization engage in lobbying activities					48		У,_
	Is the organization operating a school as described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E.							-
	he organization make any transfers to an exe	· ·	d organizati	on? .		49a 49b		
	es," was the related organization(s) a section plete this table for the five highest compensa		 					
	received more than \$100,000 of compensation					empic	yeesj	wno
(a)	Name and address of each employee paid more than \$100,000	(b) Title and everage hours per week devoted to position	(c) Compen	ler	(d) Contributions to nployee benefit plans & deferred compensation	acco	xpense ount and dlowan	ď
None								
						-		
			<u> </u>					
			 					
Total numb	per of other employees paid over \$100,000		 					
	plete this table for the five highest compensations from the organization. If there is no		ors who eac	h recelv	ed more than \$1	00,000	of	. —
	(a) Name and address of each independent contractor p	ald more than \$100,000		(b) Type	of service	(c) Com	pensati	on
None								
							_	

otal numl	per of other adependent contractors each re-		. ▶					
ilgn Iere	Under penalties of perjury, I declare that I have examin and befor, it is true, correct, and complete. Declaration	ed this return, including accomp on of preparer (other than office)	anying schedul) is based on al	es and sta I Informati Date	ion of which preparer	est of my have any	knowle	edge edge.
İ	Carolyn Gutlerrez, Treasurer							
	Type or print name and title.	T _D .	Tokan	L II	la de la companya de			
ald reparer's	Preparer's signature	Date 5//	4/10 Chec self- emple	kii yed.►	Preparer's Identifying P	lumber (Se 37514	e instruc	ctions)
ise Only	Firm's name (or yours Basic Books, LLC II self-employed),			EIN	▶ 20	0867		
	address, and ziP + 4 5420 S. Quebec Streets of Streets	et, Greenwood Village Co		Pho	ne no. ▶ (303)		5732	
/av the if	io discuss inis return with the preparer show	H ADOVER DEE INSTRUCTIONS	·		▶	✓ Ye	8 ∟	NO

Form 990-EZ (2008)

Federal Statements and Supporting Detail

Beginning Bank Balance 10/01/2008		
Main - 638-1040739	\$	20,692.46
LAC - 135-2551651	\$	8,462.80
	\$	29,155.26
Ending Bank Balance 09/30/2009	_	
Main - 638-1040739	\$	16,902.20
LAC - 135-2551651	\$	2,960.57
	\$	19,862.77
Conferences, Conventions and Meetings		
Conferences, Conventions and Meetings Expenses	\$	48,432.19
Insurance	\$	500.00
License	\$	20.00
Professional Development	\$	2,140.00
Travel	\$	500.00
	\$	51,592.19
Contributions, Gifts, Grants and public support		
Dues	\$	7,080.00
2007 Annual Conference Registrations	\$	32,519.70
Sponsorships	\$	2,700.00
	\$	42,299.70