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SCANNED JUN 01 2010

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 \$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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td>C Name of organization FRIENDS OF THE LONGMONT MUSEUM</td> <td>D Employer identification number 84 1017335</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 400 QUAIL RD</td> <td>E Telephone number 303-651-8374</td> </tr> <tr> <td>City or town, state or country and ZIP + 4 LONGMONT CO 80501-8989</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization FRIENDS OF THE LONGMONT MUSEUM	D Employer identification number 84 1017335	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 400 QUAIL RD	E Telephone number 303-651-8374	City or town, state or country and ZIP + 4 LONGMONT CO 80501-8989	F Group Exemption Number ▶
C Name of organization FRIENDS OF THE LONGMONT MUSEUM	D Employer identification number 84 1017335						
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 400 QUAIL RD	E Telephone number 303-651-8374						
City or town, state or country and ZIP + 4 LONGMONT CO 80501-8989	F Group Exemption Number ▶						

• 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: ▶ **WWW.LONGMONTMUSEUM.ORG**

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

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

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 ▶ \$ **310170**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	296214
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	13008
	4 Investment income	4	948
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	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"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	310170	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	6000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1069
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2555
	16 Other expenses (describe)	16	2477
	17 Total expenses. Add lines 10 through 16	17	12101
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	298069
	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	37782
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	335851

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	37782	335851
23 Land and buildings	23	
24 Other assets (describe)	24	
25 Total assets	37782	335851
26 Total liabilities (describe)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37782	335851

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

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? SEE STATEMENT 9

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	SEE STATEMENT 9		
	(Grants \$ 6000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	6000
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) <input type="checkbox"/>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	6000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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.		
a	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?		✓
b	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
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		
b	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.		✓
c	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		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	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.		✓
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The organization's books are in care of ▶ JOANN MCCOY, TREASURER Telephone no. ▶ 303-651-8374 Located at ▶ 400 QUAIL RD LONGMONT CO ZIP + 4 ▶ 80501-8989		
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 account)?	Yes	No
	If "Yes," enter the name of the foreign country ▶		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	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: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

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."

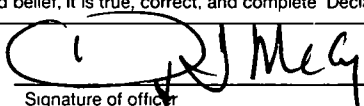
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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.			
	 Signature of officer		5-3-10 Date	
Paid Preparer's Use Only	JOANN S. MCCOY Type or print name and title		TREASURER	
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no	
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 any "unusual grants.")	17469	19882	28101	30183	23292	118927
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	17469	19882	28101	30183	23292	118927
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)						3016
6 Public support. Subtract line 5 from line 4						115911

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	17469	19882	28101	30183	23292	118927
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	726	1240	1004	658	948	4576
9 Net income from unrelated business activities, whether or not the business is regularly carried on	460	1286	0	120	0	1866
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						125369
12 Gross receipts from related activities, etc. (see instructions)					12	0
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	92.456 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	90.027 %
16a 33⅓ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33⅓ % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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 year 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 lines 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 ► <input type="checkbox"/>						

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 33⅓% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

[illegible]

STATEMENT 1**CONTRIBUTIONS, GIFTS, GRANTS & OTHER INCOME**

SPONSORSHIP CONTRIBUTIONS	\$1,000	Little Builders Exhibit - Flatiron
DONATIONS	\$3,799	
BEQUESTS	\$286,930	
MATCHING GIFTS	\$125	
ANNUAL APPEAL	\$3,360	
GRANTS	\$1,000	Longmont Comm. Fndtn - Marketing Grant
	\$296,214	TOTAL TO FORM 990-EZ, PART I, LINE 1

STATEMENT 2**INVESTMENT INCOME**

GUARANTY BANK SAVINGS	\$2	
VANGUARD MONEY MARKET MUTUAL FUND	\$187	
PREMIER MEMBERS FEDERAL CREDIT UNION SAVINGS	\$2	
PREMIER MEMBERS FEDERAL CREDIT UNION CD	\$757	
	\$948	TOTAL TO FORM 990-EZ, PART I, LINE 4

STATEMENT 3**GROSS SALES OF INVENTORY, LESS RETURNS AND ALLOWANCES**

T-SHIRT & TOTE BAG SALES	\$0
NON-TAXABLE BOOK SALES	\$0
SALES TAX (ALLOWANCE)	\$0
	\$0
	TOTAL TO FORM 990-EZ, PART I, LINE 7A

STATEMENT 4

GRANTS - CLASSIFICATION	GRANTEE NAME	AMOUNT	GRANTEE ADDRESS	GIFT DATE	RELATIONSHIP
MUSEUM INTERNSHIP (1)	LONGMONT MUSEUM	\$500	400 Quail Rd, Longmont CO	22 JUL 2009	NONE
MUSEUM EXHIBIT SUPPORT	LONGMONT MUSEUM	\$2,300	400 Quail Rd, Longmont CO	VARIOUS	NONE
MUSEUM MARKETING	LONGMONT MUSEUM	\$1,000	400 Quail Rd, Longmont CO	16 JUN 2009	NONE
MUSEUM CHILD PROGRAMS	LONGMONT MUSEUM	\$1,000	400 Quail Rd, Longmont CO	16 JUN 2009	NONE
MUSEUM ADULT PROGRAMS	LONGMONT MUSEUM	\$1,200	400 Quail Rd, Longmont CO	VARIOUS	NONE
		\$6,000	TOTAL TO FORM 990-EZ, PART I, LINE 10		

STATEMENT 5 **PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS**

SALES TAX LICENSE	\$0
BANKING FEES (Paypal & Banks)	\$111
CHAMBER OF COMMERCE	\$0
CAPITAL CAMPAIGN FEASIBILITY STUDY	\$0
WEB SITE SUPPORT	\$518
LIABILITY INSURANCE	\$350
SECRETARY OF STATE FEES	\$20
BOOKKEEPING FEES	\$70
	<u>\$1,069</u>
	TOTAL TO FORM 990-EZ, PART I, LINE 13

STATEMENT 6 **PRINTING, PUBS, POSTAGE, SHIPPING**

POSTAGE & FREIGHT	\$823
GENERAL PRINTING	\$1,732
	<u>\$2,555</u>
	TOTAL TO FORM 990-EZ, PART I, LINE 15

STATEMENT 7 **OTHER EXPENSES**

FUND RAISING EXPENSES	\$591
REIMBURSEMENT FOR MEMBER PROGRAM DISCOUNTS	\$0
OFFICE/SALES SUPPLIES	\$0
VOLUNTEER APPRECIATION GIFTS	\$200
OPENINGS & OTHER RECEPTIONS	\$1,227
WEB SITE	\$459
	<u>\$2,477</u>
	TOTAL TO FORM 990-EZ, PART I, LINE 16

STATEMENT 8 **CASH, SAVINGS AND INVESTMENTS**

GUARANTY BANK CHECKING	\$6,855
GUARANTY BANK SAVINGS	\$1,010
VANGUARD MONEY MARKET MUTUAL FUND	\$40,298
PREMIER MEMBERS FEDERAL CREDIT UNION SAVINGS	\$1,001
PREMIER MEMBERS FEDERAL CREDIT UNION CD	\$286,687
	<u>\$335,851</u>
	TOTAL TO FORM 990-EZ, PART II, LINE 22, PART B

STATEMENT 9**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION SEEKS AND RECEIVES FUNDS TO PURCHASE EQUIPMENT, MAKE CAPITAL IMPROVEMENTS AND SUPPORT PROGRAMS FOR THE LONGMONT MUSEUM

Over 71000 visited the Longmont Museum or participated in Museum Programs in 2009.

PROGRAM SERVICE**GRANT****MUSEUM INTERNSHIP (1)**

\$500 Stipends for local college student interns

MUSEUM EXHIBIT SUPPORT (DESIGN, LOAN & TRANSPORT FEES)

\$2,300 Little Builders Exhibit, 7,550 attended

MUSEUM MARKETING PROGRAM

\$1,000 Improved Newsletter, e-mail & advertising for out-of-town visitors

MUSEUM SUMMER CHILDREN PROGRAM SUPPORT

\$1,000 Program Fees and Classroom Materials, 76 Attended

MUSEUM ADULT PROGRAM SUPPORT

\$1,200 Day of the Dead & Evening at Museum Concert, 5,637 attended

\$6,000 TOTAL TO FORM 990-EZ, PART III, LINES 28-30

STATEMENT 10**OFFICERS AND DIRECTORS**

NAME	ADDRESS	POSITION	HRS PER WEEK	COMP.	EMPLOYEE BEN. PLAN CONTRIB.	EXPENSE ACCOUNT
CHRIS CARON	1252 Atwood Ct, Longmont CO	President	2	0	0	0
RICHARD LUKE	2330 Wedgewood Ave #10-D, Longmont CO	Vice-President	2	0	0	0
ERIC KITTELBERGER	1631 Harlequin Dr, Longmont CO	Secretary	2	0	0	0
JOANN McCOY	1738 Little Bear Dr, Longmont CO	Treasurer	6	0	0	0
ROSE CHAMBERLAIN	1208 E 5th Ave, Longmont CO	Director	1	0	0	0
LOIS DYER	805 Dickens Ct, Longmont CO	Director	1	0	0	0
ANGELA KLEPPER	3005 Pheasant Run, Longmont CO	Director	3	0	0	0
BOB SARCHET	325 Crestridge Ln, Longmont CO	Director	1	0	0	0
LARK SCHEIERMANN	515 Ridge Ave, Longmont CO	Director	1	0	0	0

FOR FORM 990-EZ, PART IV