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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** January 1 , 2009, **and ending** December 31 , 20 09

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions.

**C Name of organization**  
Looking Glass Corvette Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 150101

City or town, state or country, and ZIP + 4  
LAKEWOOD, CO, 80228

**D Employer identification number**  
84-6118274

**E Telephone number**  
303-263-9188

**F Group Exemption Number** ▶ N/A

• 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:** ▶

**J Tax-exempt status** (check only one) —  501(c) ( 7 ) ◀ (insert no.)  4947(a)(1) or  527

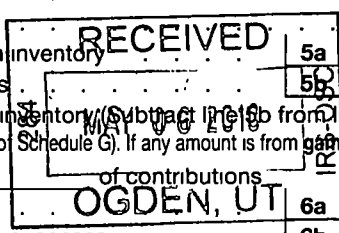
**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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** ▶ \$ 135,528

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

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	0
2	Program service revenue including government fees and contracts . . . . .	2	0
3	Membership dues and assessments . . . . .	3	14,075
4	Investment income . . . . .	4	878
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	0
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	72,373
b	Less: direct expenses other than fundraising expenses . . . . .	6b	71,246
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	1,127
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	47,277
b	Less: cost of goods sold . . . . .	7b	34,494
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	12,783
8	Other revenue (describe ▶ DONATIONS (SEE STATEMENT #3) ) . . . . .	8	925
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	29,788
10	Grants and similar amounts paid (attach schedule) . . . . .	10	
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	
14	Occupancy, rent, utilities, and maintenance . . . . .	14	1,850
15	Printing, publications, postage, and shipping . . . . .	15	7,976
16	Other expenses (describe ▶ (SEE STATEMENT #4) ) . . . . .	16	25,154
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	34,980
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-5,192
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	56,334
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	51,142



### 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 . . . . .	56,334	22 51,142
23	Land and buildings . . . . .		23
24	Other assets (describe ▶ _____ ) . . . . .		24
25	<b>Total assets</b> . . . . .	56,334	25 51,142
26	<b>Total liabilities</b> (describe ▶ _____ ) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	56,334	27 51,142

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

Cat No 106421

Form **990-EZ** (2009)

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P 8

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>EDUCATION (SEE STATEMENT #5)</u> 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.	
<b>28 THE CLUB HAD 11 MONTHLY GENERAL MEETING, SERVING AN AVERAGE OF 160 PEOPLE AT EACH MEETING AND PROVIDING PRESENTATIONS TO INFORM AND EDUCATE MEMBERS ABOUT THE CORVETTE IN THE ROCKY MOUNTAIN REGION.</b> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29 THE CLUB HELD THE "VETTES ON TEH ROCKIES" EXPO, AFOUR DAY EVENT SERVING 700 MEMBERS AND OTHER ATTENDEES.</b> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30 THE CLUB HELD VARIOUS ADDITIONAL EVENTS TO EDUCATE AND PROMOTE INTEREST IN THE CORVETTE, INCLUDING PARADES, CAR SHOWS, DRAG RACING, AND AUTO CROSS, SERVING ANYWHERE FROM 20 TO 200 MEMBERS AT EACH EVENT.</b> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31 Other program services (attach schedule)</b> (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAN BARKER 7168 S. OWENS ST., LITTLETON, CO 80127	PRESIDENT, 4.00	0	0	0
GINNY SLENSKER 3855 HARLAN ST., WHEAT RIDGE, CO, 80033	VICE PRESIDENT, 4.0	0	0	0
SAN LUGGER 23532 E. PHILLIPS PL., AURORA, CO, 80016	SECRETARY, 4.0	0	0	0
TOM ROBBERN 9425 W. 11TH AVE., LAKEWOOD, CO, 80215	PUBLIC RELATIONS, 4.0	0	0	0
MIKE CLARK 9445 W. 11TH AVE., LAKEWOOD, CO, 80215	TREASURER, 4.0	0	0	0

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	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.		
<b>a</b>	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>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>35a</b>			
<b>35b</b>			
<b>36</b>	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 . . . . .		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>37b</b>			
<b>38a</b>	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>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</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 . . . . .		
<b>40b</b>			
<b>c</b>	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 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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. . . . .		
<b>40e</b>			
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>N/A</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>MIKE CLARK</u> Telephone no. ▶ <u>303-263-9188</u> Located at ▶ <u>9445 W. 11TH AVE., LAKEWOOD, CO</u> ZIP + 4 ▶ <u>80215</u>		
<b>b</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)? . . . . .		✓
<b>42b</b>			
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
<b>42c</b>			
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	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.

- 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**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . **47**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**

Yes	No
<input type="checkbox"/>	<input 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

**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

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

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

**Sign Here**

▶ Mike Clark Signature of officer      |      5/4/10 Date

▶ Mike Clark, Treasurer Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  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 . . . . . ▶  Yes  No

## LOOKING GLASS CORVETTE ASSOCIATION

84-6118274

**STATEMENT #1**

FORM 990-EZ, PART I, LINE 6c

**NET INCOME OR (LOSS) FROM SPECIAL EVENTS**

DESCRIPTION OF EVENT	LESS		LESS		NET INCOME OR (LOSS)
	GROSS RECEIPTS	CONTRIBUTIONS INCLUDED	GROSS REVENUE	DIRECT EXPENSES	
VETTES ON THE ROCKIES	72,373	0	72,373	72,246	1,127
FORM 990-EZ PART I, LINE 6a,b,c	<u>72,373</u>	<u>0</u>	<u>72,373</u>	<u>72,246</u>	<u>1,127</u>

**STATEMENT #2**

FORM 990-EZ, PART I, LINE 7c

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

GROSS SALES OF INVENTORY (MERCHANDISE).....	47,277
LESS RETURNS AND ALLOWANCES.....	0
LESS COST OF GOODS SOLD.....	34,494
FORM 990-EZ PART I, LINE 7c GROSS PROFIT OR (LOSS) FROM SALES OF INVENTORY.....	12,783

**STATEMENT #3**

FORM 990-EZ, PART I, LINE 8

**OTHER REVENUE DESCRIPTION**

DONATIONS PROVIDE FUNDS TO COVER MEETING AND NEWSLETTER COSTS, PROVIDING INFORMATION TO EDUCATE AND PROMOTE INTEREST IN THE CHEVROLET CORVETTE

**STATEMENT #4**

FORM 990-EZ, PART I, LINE 16

**OTHER EXPENSES DESCRIPTION**

AWARDS.....	938
FLOWERS.....	772
DONATIONS.....	1,029
FEEs.....	84
INSURANCE.....	2,652
WEB SITE.....	520
OFFICE SUPPLIES.....	292
OTHER BOARD EXPENSES.....	708
STORAGE.....	1,485
MEETING EXPENSES.....	16,674
<b>TOTAL TO FORM 990-EZ, LINE 16.....</b>	<b>25,154</b>

## LOOKING GLASS CORVETTE ASSOCIATION

84-6118274

**STATEMENT #5****FORM 990-EZ, PART III****STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROMOTE INTEREST IN AND EDUCATION ABOUT THE CHEVROLET CORVETTE AUTOMOBILE  
IN THE ROCKY MOUNTAIN REGION.

**STATEMENT #2****FORM 990-EZ, PART III****ADDITIONAL ACHIEVEMENT**

THE CLUB PROVIDES A WEBSITE AND NEWLETTER TO ALL MEMBERS, WHICH CURRENTLY NUMBERS  
APPROXIMATELY 362. BOTH OF THESE RESOURCES PROVIDE INFORMATION ABOUT CLUB ACTIVITIES  
AND EDUCATE THE MEMBERSHIP ABOUT THE CHEVROLET CORVETTE AUTOMOBILE.