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Short Form Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-1150

2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

AI	or the	e 2009 calenda	ar year,	or tax year beginning	7/1/2009	, 2009,	and ending	6	/30		, 20 10		
_		applicable.	Please	C Name of organization		D Er			er id	number			
	Address	change	change use IRS label or print or type. Ited See See: Ited See IRS label or print or type. Ited IRS label or ty						20-4985790				
	Name cl	hange						E Telepho	elephone number				
=	initial rei								720-886-3900				
H	Termina							F C					
=		ed return	Instruc- tions.	,					Group Exemption Number ► 7207				
느		tion pending		Aurora, CO 80016			72.				7207		
	• 50	ction 501(c)(3)		rations and 4947(a)(1) none npleted Schedule A (Form		must attach	J.	-	Method: 🗹 Cash 🗌 Accrual				
			a COI	inpleted Scriedule A (Form	990 UI 990-EZJ.	·		(specify)	if the organization is not				
		••	_				I						
									ttach Schedule B (Form 990,				
								Z, or 990-					
_	Check		-	zation is not a section 509(a)		-	•	•			25,000. A		
				turn is not required, but if th					e ret	um.			
				9 to determine gross receipts					<u>\$</u>		149305		
L	art I	Revenu	e, Exp	enses, and Changes	in Net Assets or Fu	nd Balanc	es (See the	instruct	ious	s tor Par			
	1	Contribution	ons, gift	ts, grants, and similar am	ounts received				1		22268		
	2	Program se	ervice r	evenue including governa	ment fees and contract	ts		· · L	2				
	3	Membersh	ip dues	and assessments				L	3		3623		
	4	Investment	t incom	e				[4				
	5a	Gross amo	ount fro	m sale of assets other tha	an inventory	. 5a							
	b	Less: cost	or othe	er basis and sales expens	es	. 5b			i				
	c						ne 5a)		5c				
ne	6		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □						\neg				
_ē	a							_	- 1				
cuil Revenue		reported o				. 6a		123414	ı				
2,	b	•		=		,		41449	ļ				
₽	C	Less: direct expenses other than fundraising expenses 6b 4144 Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							6c		81965		
>	7a			entory, less returns and a			ine ouj	· · /-	~				
J	1 .			=									
2	b		•			· —		 .	-				
	C			ss) from sales of inventor	y (Subtract line 76 from	nine /a) .		· : [-	7c				
	8	Other reve			710			<u>`</u> }	8		107856		
	9	1 otal reve	nue. A	dd lines 1/2, 3, 4, 5c, 6c,	/c, and 8	 	· · · ·	· P	9				
	10			amounts paid tattach so	:nedule)			· -	10		60845		
	11		Benefits paid to or for members						11				
565	12		Salaries, other compensation, and employee senefits						12				
Expenses	13	Professional fees and other payments to independent contractors							13 14				
3	14		Occupancy, rest utilities, and maintenance.										
ш	15	Printing, p	Printing, publications, postage, and shipping						15				
	16	Other expe	enses (d	describe / fundralsing	administrative				16		32924		
	17	TOTAL EXPE	2113C3.	Add lines to divought yo	 			<u>·▶</u>	17		93769		
ţ	18	Excess or	(deficit)	for the year (Subtract line	e 17 from line 9)		· · · ·	· . : -	18		14087		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						- I					
Ä	İ		end-of-year figure reported on prior year's return)					ļ-	19		8056		
že tet	20	Other char	nges in	net assets or fund balance	es (attach explanation)			20		12491		
	21	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990						21		34780			
	art I												
	(See the instructions for Part II.) (A) Beginning o								nd of year				
2	2 (Cash, savings, and investments					7	909		21760			
2		and and buildings					23						
24	4 C	Other assets (her assets (describe ► Accounts Receivable Auction Proceeds/Pay Pal)				147		13020				
2	5 7	otal assets				8	056	25	34780				
20	6 T	Total liabilities (describe ►					26	0					
2	7 1	let assets or	fund b	palances (line 27 of colun	nn (B) must agree with	line 21) .		8	056	27	34780		



Part	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1.)	-	Expenses
What	is the organization's primary exempt purpose?	education support			(Requ	lired for section
Descr	ibe what was achieved in carrying out the org	panization's exempt purposes. In a clear and concise)(3) and 501(c)(4)
mann	er, describe the services provided, the number o	of persons benefited, and other relevant information for				izations and section (a)(1) trusts; optional
each (program title.				for ot	
28	Provide 20 SMART boards for classrooms and funds	to maintain the boards to co	omplete the school	s	ļ	
	technology plan of having SMART boards in every c					
-						
ī	Grants \$ 30,400) If this amount	includes foreign grants, ch	eck here	. ▶ 🗍	28a	
	Provide Full Time Equivalent Library staff			<u></u>		
•					}	
-						
ī	Grants \$ 12,000) If this amount	includes foreign grants, che	eck here	▶ □	29a	
•	Purchase Jr. STEM (Science, Technology, Engineeri					
-	in alignment with the District STEM program.	.9				
-						
ī	Grants \$ 4,000) If this amount	includes foreign grants, ch	eck here	. • 🗇	30a	
-	Other program services (attach schedule)	g., g.a., a.		_ 		
		includes foreign grants, che	eck here	. ▶ □	31a	
	Total program service expenses (add lines 28a t				32	60844
Part						tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances
Miche	lle Gayle					
		Co President 10 hours	o		0	o
Farral	h Nelson					
		Co President 10 hours	0		0	0
Pame	la Jones					
	PCT-10701007100-00-00000000000000000000000	Treasurer 2 hours	0	Į	0	0
Kristi	Guyer	0				
		Corresponding Sec. 2 hrs	0		0	0
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Part	Other Information (Note the statement requirements in the instructions for Part V.)	-		ugo u
			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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			<u> </u>
39	Section 501(c)(7) organizations. Enter:	1		}
а	Initiation fees and capital contributions included on line 9			
b	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:	1	1	}
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	1		
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	40b		1
С	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			
đ	Section 501(c)(3) and 501(c)(4) organizations. 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		1
41	List the states with which a copy of this return is filed. ► Colorado			
42a	The organization's books are in care of ▶ the organization Telephone no. ▶	20-88	6-390	0
	Located at ► 24605 E. Davies Way, Aurora, CO ZIP + 4 ►	80016	-4122	
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		Yes	No
	account)?	42b		1
	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:	42c	l	✓
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	}		
	Form 990-EZ	44	<u> </u>	1
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
		000	A E7	

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 947(a)(1) nonexempt chari and 51.	xempt charitab table trusts mus	le trusts only. A t answer question	ll sec ns 40	tion 5-49t	כ		
	Did the organization engage in direct or indirect					Yes	No		
(candidates for public office? If "Yes," complete	Schedule C, Part I			46		√		
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48		√		
	Did the organization make any transfers to an e		•		49a 49b		√		
50 (If "Yes," was the related organization a section 527 organization?								
		(b) Title and average	(c) Compensation	(d) Contributions to	(e)	Expen			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account and other allowances				
		 		 					
				j					
									
			1	1					
			<u> </u>						
	Total number of other employees paid over \$10	<u> </u>	0	<u> </u>	L				
	6100,000 of compensation from the organization. (a) Name and address of each independent contractor.	· · · · · · · · · · · · · · · · · · ·		pe of service	(c) Co	npensa	ation		
						<u>··</u>			
d	Total number of other independent contractors	each receiving over \$100,0	00▶	0					
	Under penalties of parjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ined this return, including accompan on of preparer (other than officer) is b	ying schedules and sta pased on all information	stements, and to the bes	t of my any kno	knowie wiedge	edge		
Sign Here	Streame of officer The ACP Date Type or print name and title								
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nur	nber (Se	e instruc	tions)		
Prepare Use Onl	1 CINI STAIRS OF L								
	address, and ZIP + 4		PI	none no. >	1-4	_			
May the	e IRS discuss this return with the preparer show	vn above? See instructions	<u></u>		M 99		No (2009)		