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EXTENSION GRANTED TO 02/15/11

Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

<u> </u>	For the	e 2009 calendar year, or tax year beginning $0001, 2009$ and endir	1 <u>9</u> J	UN 30, 2010	
В	Check if		_ [D Employer identifie	cation number
_	Addre	use RS INTERNATIONAL BACCALAUREATE ASSOCIATIO	N		
<u>_</u>	Chang	pnnt or OF ROCKY MOUNTAIN SCHOOLS		0.4.1	507201
Ļ	chang	Doing Business As			597391
F	retum		1/suite	E Telephone number	
닏	Termii ated Amen	Instruc-			408-3218
닏	Applic	City or town, state or country, and ZIP + 4	- 1	G Gross receipts \$	608,412.
L	tion pendi	internally co cocca 2047		H(a) is this a group re	
		F Name and address of principal officer JAN LOTTER	,,	for affiliates?	Yes X No
_		12005 EAST MONTANA PLACE, AURORA, CO 800	12	H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527			list. (see instructions)
		te: ► WWW.IBARMS.ORG		H(c) Group exemptio	
			_ Year c	of formation 2003 N	State of legal domicile CO
P	art I	Summary	Nr. O	OO DADE TT	T TIME 1 C
20 Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE FOR SCHEDULE O FOR CONTINUATION	<u> </u>	90, PART II	I, LINE 1 &
ra a	2	Check this box If the organization discontinued its operations or disposed o	f more	than 25% of its net as	ssets.
OVe	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3 0
S	5	Total number of employees (Part V, line 2a)		5	0
į	6	Total number of volunteers (estimate if necessary)		6	0
cţi	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
20	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
N				Prior Year	Current Year
ල	8	Contributions and grants (Part VIII, line 1h)		13,150.	18,700.
FFB 26	9	Program service revenue (Part VIII, line 2g)		476,947.	587,914.
T) §	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,578.	1,798.
Ţ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		494,675.	608,412.
CXPENSES Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,445.	13,857.
2	14	Benefits paid to or for members (Part IX, column (A), line 4)			
₹ %	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
≥ 8	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
۳	Ь	Total fundraising expenses (Part IX, column (D), line 25)			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	323,043.	407,257.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		331,488.	421,114.
	19	Revenue less expenses Subtract line 18 from line 12		163,187.	187,298.
<u>ارة</u> و	3		Bei	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16) RECEIVED		441,922.	629,220.
ASS	21	Total liabilities (Part X, line 26		0.	0.
Net Assets or	22	Net assets or fund balances buttrackling 28 from line 201		441,922.	629,220.
P	art II	Signature Block			
		Under penalties of penury, I declare that have examined this return, including accompanying schedules and state and complete Declaration of preparer (other train of the penalties of all information of which preparer has any known	ements, a	and to the best of my knowled	ge and belief, it is true, correct,
		OG LA		11/2-	1.,
Sig	jn	X Sant Laur		1/2/	/ //
He	re	Signature of officer		/ Date /	
		JAN LOTTER, PRESIDENT			
		Type or print name and title			
Pai	ď	Preparer's Date	Che self		er's identifying number structions)
_	u :parer's	signature		ployed 🕨 🔲	
	e Only	Firm's name (or yours if		EIN >	
J36	- U.I.J	self-employed), address, and			
_		ZIP + 4	_	Phone no	
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No_

Form **990** (2009)

	990 (2009) OF ROCKY MOUNTAIN SCHOOLS	84-1597391	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION		
-	THE IMPROVEMENT, SUPPORT AND RECOGNITION OF ESTABLISHED	AND DEVELOP	ING
	INTERNATIONAL BACCALAUREATE (I.B.) PROGRAMS IN THE HIGH	SCHOOLS OF	
	ROCKY MOUNTAIN REGION. THE AIMS AND GOALS ARE AS FOLLOW		
	THE ROLE OF THE HIGH SCHOOL I.B. COORDINATOR; (2) FACILITIES		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	□v _~	X No
	·	res	140 سم
2	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	tes	LAL NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	2/9 596	507	624.)
4a		· ·	024.)
	PROVIDE EDUCATIONAL TRAINING WORKSHOPS AND CONFERENCES I		
	LEADERS AND TEACHERS IN THE INTERNATIONAL BACCALAUREATE	PROGRAM.	
		·· ·	
4b	, , , , , , , , , , , , , , , , , , ,	evenue \$	290.)
	PROVIDE MIDDLE YEARS STUDENT SUMMIT PROGRAM		
		A1/2	
4c	(Code:) (Expenses \$ 9,000 • including grants of \$ 9,000 •) (Re	evenue \$	١
70	PROVIDE SCHOLARSHIPS TO STUDENTS FOR TRAVEL	- , - , , , , , , , , , , , , , , , , ,	,
			
			
			
		1919	
	Other program and the Color of		
4d	Other program services (Describe in Schedule O.)	\	
<u></u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ \$ 367,481.		
46	Total program service expenses ►\$ 367,481.		

4e Total program service expenses ▶\$

Part IV Checklist of Required Schedules

			<u>Yes</u>	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	public office? If "Yes," complete Schedule C, Part I	<u>3</u> 4		X
5	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-4-		
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI •			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated limitation statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	·	x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		l	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Dio the organization operate one or injoir hospitals: II Tes, complete ocheone H		990	(2009)

84-1597391 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			۱
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			.,
	Schedule L, Part III	27	ļ	X
	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		1	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-		X
00	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
20		31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	ļ	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J2		
J J	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			<u> </u>
5 4	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
00	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	Couldn't of Total of Gameration and the Companies of the Companies of the Companies of Companies	1	ļ	Х
37	If "Yes." complete Schedule R. Part V. line 2	36		
٠.	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36		х
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		X	х

Form 990 (2009) OF ROCKY MOUNTAIN SCHOOLS

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	1a	66950			į
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			İ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			İ
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	his return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country.					1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	and			ĺ
	Financial Accounts.					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited	-		
	Tax Shelter Transaction?		. a. t. a	5c		$\vdash \vdash$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit	e-		х
	any contributions that were not tax deductible?			6a	-	
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the	lions c	or gires	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			-00		<u> </u>
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	annds	and services			
а	provided to the payor?	good	, and 331 11333	7a	1	Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal	ĺ		
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			. 7g	1	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess b	usiness holdings	_		
	at any time during the year?			8	 	ļ
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?			9a	 	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	
10	Section 501(c)(7) organizations. Enter	10-	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		1		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100		1		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1				
U	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				Form	990	(2009)

Form 990 (2009)

OF ROCKY MOUNTAIN SCHOOLS

84-1597391

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		7	Yes	No
-	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			١.,
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			١.,
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			١.,
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	∮ 9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		T	Yes	N
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	17	_
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	ļ
1A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			١.,
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		-
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		Ì
	ın Schedule O how this is done	12c		177
3	Does the organization have a written whistleblower policy?	13	 -	X
4	Does the organization have a written document retention and destruction policy?	14	ļ	Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			١.,
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	<u></u>	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			١.,
	taxable entity during the year?	16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u></u>
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ble for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and tine	incial	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organ			

OF ROCKY MOUNTAIN SCHOOLS

84-1597391

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

Check this box if the organization did no (A) Name and Title	(B) Average hours			(C Pos	C) Ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustae or director	Institutional flustee	Officer		compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAN LOTTER PRESIDENT	2.00	х		х				0.	0.	0.
RACINDA GODBOLD	2.00	Λ	 	^		\vdash		•		
SECRETARY	2.00	Х		X				0.	0.	0.
SUE WAGONER										0
TREASURER LORI DOWD	2.00	X		X		 		0.	0.	0.
EXECUTIVE ASSISTANT	10.00							34,875.	0.	0.
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						\vdash				
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Form 990 (2009)

Form 990 (2009)

OF ROCKY MOUNTAIN SCHOOLS

Par	t VII Section A. Officers, Directors, Tru		mplo	yee			ligh	est						
	(A)	(B)			(C Pos	•			(D) Reportable	(E)		E-	(F) timate	d
	Name and title	Average hours per	<u> </u>				app	ly)	compensation from	Reportable compensation from related		am	ilmate ount o other	-
		week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	>)	comp fro orga and	pensa om the anizati I relate nizatio	ed
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			<u> </u>											
											-		.,	
1 h	Total			<u> </u>	L	l	▶		34,875.		0.			0.
2	Total number of individuals (including but r	not limited to ti	nose	liste	ed a	bov	e) w	no r		0,000 in reportable	-,1			0
	compensation from the organization				_	•							Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	nplo	yee,	or I	nighest compensated er	mployee on		3		Х
4	For any individual listed on line 1a, is the sign and related organizations greater than \$15	0,000 <i>ា If</i> "Yes	, " cc	mpl	ete .	Sch	edul	e J	for such individual			4	·	Х
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched				from	any	y uni	relat	ted organization for serv	ices rendered to		5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest co	omnensated in	den	ende	ent c	cont	racte	ors 1	that received more than	\$100,000 of comp		ation f	rom	
_	the organization NONE								(B)			(0		
	(A) Name and business	address							Description of s	services	C	ompe		n
								_						
2	Total number of independent contractors (not I	ımıte	ed to		ose I	ste	d above) who received r	nore than				
	\$100,000 in compensation from the organ	ization -												

OF ROCKY MOUNTAIN SCHOOLS

Form 990 (2009)

84-1597391 Page **9**

Form 990 (2009)

Part VIII Statement of Revenue (D) (C) (A) (B) Revenue Related or Unrelated Total revenue excluded from tax under sections 512, exempt function business revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 16,700. 1b **b** Membership dues 1¢ c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,000. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 18,700. h Total. Add lines 1a-1f **Business Code** 587,914. 587,914. 611600 Program Service 2 a EDUCATIONAL WORKSHOPS/ f All other program service revenue 587,914. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,798. 1,798. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (II) Personal (i) Real 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 589,712. 0. 608,412. Total revenue See instructions

84-1597391 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,857.	4,857.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	9,000.	9,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				·
4	Benefits paid to or for members				***************************************
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).	47 16	12 200	24 075	
а	Management	47,165.	12,290.	34,875.	
þ	Legal	1 275		1,375.	
C	Accounting	1,375.		1,3/3.	·
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	-			
9	Other	1,598.	1,598.		
12	Advertising and promotion	255.	1,390.	255.	
13	Office expenses	3,105.		3,105.	
14	Information technology	76,190.	76,190.	3,103.	· · ·
15	Royalties	70,130.	70,150.		
16	Occupancy	30,287.	22,542.	7,745.	
17 18	Travel	30/2011	22/342.	777131	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	448.		448.	
23	Insurance	636.	-	636.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	FACILITIES RENTAL	148,998.	148,998.		•••••
ь	SPEAKERS FEES & EXPENSE	51,511.	51,511.		
c	SUPPLIES	17,192.	16,444.	748.	
d	MEALS & ENTERTAINMENT	10,746.	8,468.	2,278.	
e	ODEDIM CADD BEEC	7,912.	7,912.		
f	All other expenses	9,839.	7,671.	2,168.	
25	Total functional expenses Add lines 1 through 24f	421,114.	367,481.	53,633.	C
26	Joint costs Check here ▶ ☐ If following	-			
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

84-1597391 Page 11

Part X **Balance Sheet** (A) (B) Beginning of year End of year 440,423. 627,662. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 2,490. 10a basis. Complete Part VI of Schedule D 932. 1,499. 1,558. 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 Investments · other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 441,922. 629,220 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds Ō. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 441,922. 629,220. 32 32 Retained earnings, endowment, accumulated income, or other funds 629,220. 441,922. 33 33 Total net assets or fund balances 629,220.

Form 990 (2009)

441,922.

34

Total liabilities and net assets/fund balances

Form 990 (2009) OF ROCKY MOUNTAIN SCHOOLS

84-1597391 Page **12**

		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			1
review, or compilation of its financial statements and selection of an independent accountant?	2c		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	İ		
Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			}
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь	ŀ	1

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

Open to Public Inspection

Name of the organization

INTERNATIONAL BACCALAUREATE ASSOCIATION OF ROCKY MOUNTAIN SCHOOLS

Employer identification number 84-1597391

Part I	Reason 1	for Public Charl	ty Status (All organiza	ations mus	st complet	e this part) See Insti	ructions.				
he orga	nization is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	, or association of churc	ches descr	ibed in se	ction 170	b)(1)(A)(i).					
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	hedule E.)								
3 🔲	•		al service organization o									
4	A medical res	earch organization o	perated in conjunction v	with a hosi	oital descr	ibed in se	ction 170(b)(1)(A)(ii	i). Enter th	ne hospital	s nam	e,
	city, and state											
5	An organization	on operated for the I	penefit of a college or un	iversity ov	vned or op	erated by	a governn	nental uni	t describe	d in		
	section 170((b)(1)(A)(iv). (Comple	te Part II)									
6	,		ent or governmental unit									
7	•		eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed ii	n
	· .	b)(1)(A)(vi). (Complet	•									
8	<u> </u>		ection 170(b)(1)(A)(vi). (•	-							
9 X	•	-	eives. (1) more than 33 1									
			ctions - subject to certa									
			exable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired by	y the orga	inization a	tter June 3	υ, 197	5.
_	7	509(a)(2) . (Complete	•		, . <u>-</u>		=00.11.					
10			erated exclusively to tes						ا عام مارم با	ro.oo	f and	~ r
11 L			erated exclusively for th)I
			tions described in section				, See sec	HOU DOA(ayyay. One	CK THE DOX	ındl	
			organization and comple Type II c		i e through e III - Func		egrated		d 🗌	Type III - C	Other	
•	a ∐ Type I By checking t		t the organization is not				-	more disc				n
е			ran one or more publicly									••
f		=	ten determination from t						- (-)(-)		·/·	
•	•	rganization, check th				, , , , , , , , , , , , , , , , , , , ,	, , , , , ,					
9		-	rganization accepted an	ny gift or co	ontribution	from anv	of the follo	owing per	sons?			
J			rectly controls, either al								Yes	No
	•		pported organization?	Ū						11g(i)		
	•		described in (i) above?							11g(ii)		
	• • •	•	person described in (i) o		∍?					11g(iii)		
h	•		about the supported org									
				,								
(ı) Nam	ne of supported	(iı) EIN	(III) Type of	r ,	rganization	, , ,		(vi) is organizati	the	(vii) An	nount o	f
	ganization	''	organization (described on lines 1-9	in col (I) lis	sted in your			i (i) organiz	ed in the	sup	port	
			above or IRC section			<u> </u>		V				
			(see instructions))	Yes	No	Yes	No	Yes	No			_
					-			-	+ +			
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Total						1	1					

LHA 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

Schedule A	(Form	990	or 990-E	Z) 2009
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Page 2

	edule A (Form 990 or 990-EZ) 2009				(1) 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2		Page 2
Pa	Support Schedule for)(b)(1)(A)(iv) an	id 170(b)(1)(A)(i	vi)
_	(Complete only if you checke	d the box on line t	5, 7, or 8 of Part I)				
	ction A. Public Support	r		<u></u>	· T		Υ
	endar 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1				
_	the organization without charge						
4	Total. Add lines 1 through 3				1		
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)				ļ		
	Public support. Subtract line 5 from line 4	<u> </u>	1	<u> </u>	1	<u> </u>	
		(-) 000F	4 > 0000	() 0007	4 0 0000	4 1 2000	45.7.1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	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						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10		1			1.0	
	Gross receipts from related activities,			الكناء المراسكات		12	
13	First five years. If the Form 990 is for		s iirst, secono, thii	a, tourth, or titth t	ax year as a section	on 501(c)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publ		rcentage				
	***************************************		·	column (fl)		14	%
15	 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2008 Schedule A, Part II, line 14 						
16a	33 1/3% support test - 2009.If the o			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies					,	▶□
b	33 1/3% support test - 2008. If the o		•		I line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	▶ □
b	10% -facts-and-circumstances tes	t - 2008.If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶ □
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s >

OF ROCKY MOUNTAIN SCHOOLS Schedule A (Form 990 or 990-EZ) 2009

84-1597391 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part II) 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 5,725 6,800 11,100. 13,150. 18,700 include any "unusual grants") 55,475. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 243,095. 277,141. 476,947. 587,914. 1685380. 100,283. 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 288,241. 490,097. 606,614. 1740855. 106,008. 249,895. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. amount on line 13 for the year c Add lines 7a and 7b 1740855. 8 Public support (Subtract line 7c from line 6) Section B. Total Support **(b)** 2006 (c) 2007 Calendar year (or fiscal year beginning in)▶ (d) 2008 (e) 2009 (f) Total (a) 2005 288,241. 490,097. 1740855. 106,008. 249,895. 606,614. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 3,263 4,578 1,798 9,639. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3,263. 4,578. 1,798 9,639. 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) 249,895. 291,504. 494,675. 608,412. 106,008. 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 Section C. Computation of Public Support Percentage 99.45 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 99.39 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .55 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .61 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 $\triangleright [X]$ 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 line 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 D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL BACCALAUREATE ASSOCIATION OF ROCKY MOUNTAIN SCHOOLS

Employer identification number 84-1597391

Par	† [Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total n	umber at end of year		
2	Aggreg	ate contributions to (during year)		
3	Aggreg	ate grants from (during year)		
4	Aggreg	ate value at end of year		
5		organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the	organization's property, subject to the organization's	exclusive legal control?	Yes No
6		organization inform all grantees, donors, and donor a	· ·	e used only
		ritable purposes and not for the benefit of the donor of		
		nissible private benefit?	, , , , ,	Yes No
Par		Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1		se(s) of conservation easements held by the organizat		
	F	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area
		Protection of natural habitat		tified historic structure
	F	Preservation of open space		
2		ete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of	the tax year.		
	•	•		Held at the End of the Tax Year
а	Total n	umber of conservation easements		2a
b	Total a	creage restricted by conservation easements		2b
С		er of conservation easements on a certified historic sti	ructure included in (a)	2c
đ	Numbe	er of conservation easements included in (c) acquired	after 8/17/06	2d
3	Numbe	er of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶	•		
4	Numbe	er of states where property subject to conservation ea	sement is located >	
5	Does t	he organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	·
	violatio	ons, and enforcement of the conservation easements	it holds?	Yes No
6	Staff a	nd volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year 🕨
7	Amour	nt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ► \$
8	Does e	each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(ı)
	and se	ction 170(h)(4)(B)(ii)?		Yes No
9	In Part	XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and
	ınclude	e, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
		vation easements		
Pa	rt III	Organizations Maintaining Collections of		Other Similar Assets.
		Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
1a		organization elected, as permitted under SFAS 116, no		
		res, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
		otnote to its financial statements that describes these		
Ь		organization elected, as permitted under SFAS 116, to		
	or othe	er similar assets held for public exhibition, education, o	or research in furtherance of public service	ce, provide the following amounts relating to
	these			. .
	• •	evenues included in Form 990, Part VIII, line 1		► \$ ► \$
		sets included in Form 990, Part X		
2		organization received or held works of art, historical tre		iai gain, provide
		lowing amounts required to be reported under SFAS	116 relating to these items:	> 0
а		ues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets	s included in Form 990, Part X		* *

INTERNATIONAL BACCALAUREATE ASSOCIATION OF ROCKY MOUNTAIN SCHOOLS 84-1597391 Page 2 Schedule D (Form 990) 2009 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition а b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table Amount c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment **b** Permanent endowment ▶ Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by. (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. (d) Book value Description of investment (a) Cost or other (b) Cost or other (c) Accumulated

basis (investment)

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

basis (other)

2,490.

depreciation

932

Schedule D (Form 990) 2009

1,558.

1a Land b Buildings

d Equipment

e Other

c Leasehold improvements

INTERNATIONAL BACCALAUREATE ASSOCIATION OF ROCKY MOUNTAIN SCHOOLS 84-1597391 Page **3** Schedule D (Form 990) 2009 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Other_ Total. (Col (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (b) Book value (a) Description ightharpoonsTotal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities See Form 990 Part X line 25

(a) Description of liability	(b) Amount
ederal income taxes	
	-

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 OF ROCKY MOUNTAIN SCHOOLS 84-1597391 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 6 8 Investment expenses 7 Prior period adjustments 7 8 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 2a a Net unrealized gains on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIV) 4b 4¢ Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 2d d Other (Describe in Part XIV) 2e e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4Ь **b** Other (Describe in Part XIV.) 4c c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

SCHEDULE I (Form 990)

Covernments and Individuals in the United States Grants and Other Assistance to Organizations,

2009 No 1545-0047

ublic ion number 7391

	GOVERNMENTS), and midwiduals in the United States	
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Open to Public
Internal Revenue Service	► Attach to Form 990.	Inspection
Name of the organization	INTERNATIONAL BACCALAUREATE ASSOCIATION	Employer identification number
•	OF ROCKY MOUNTAIN SCHOOLS	84-1597391
Part i General Info	Part I General Information on Grants and Assistance	
1 Does the organizat	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to awa	criteria used to award the grants or assistance?	X Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

\$5,000. Check th
or government assistance assistance or assis
Enter total number of section 501(c)(3) and government organizations
 Enter total number of other organizations LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

INTERNATIONAL BACCALAUREATE ASSOCIATION OF ROCKY MOUNTAIN SCHOOLS

Page 2

84-1597391

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (d) Amount of non-cash assistance 0 9,000. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance COLLEGIATE WORLD STUDIES SCHOLARSHIPS Schedule I (Form 990) 2009
Part III Grants and Oth

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

INTERNATIONAL BACCALAUREATE ASSOCIATION OF ROCKY MOUNTAIN SCHOOLS

Employer identification number 84-1597391

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONTINUING PROGRAM DEVELOPMENT, CURRICULUM IMPROVEMENT AND CURRICULUM
IMPLEMENTATION; (3) PROVIDE A NETWORK FOR COLLABORATION AMONG
PROFESSIONAL STAFF OF I.B. PROGRAMS; (4) SERVE AS A CLEARINGHOUSE FOR
IDEAS AND MATERIALS RELATING TO I.B. CURRICULUM; (5) PROVIDE PUBLICITY
OF I.B. PROGRAMS AND ACHIEVEMENTS OF I.B. STUDENTS WITHIN THE REGION;
(6) SUPPORT PROGRAMS THAT ENCOURAGE INTERACTION BETWEEN I.B. STUDENTS
FROM THE REGION; (7) PROVIDE SUPPORT FOR DEVELOPING I.B. PROGRAMS
WITHIN THE REGION; (8) FOSTER RECOGNITION AND UNDERSTANDING OF THE
I.B.PROGRAM BY NORTH AMERICAN UNIVERSITIES AND COLLEGES; AND (9)
PROVIDE EDUCATION OF I.B. PROGRAMS FOR SCHOOLS, DISTRICTS, UNIVERSITIES
AND STATE AGENCIES.
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT REVIEWS THE 990
TOGETHER WITH THE ORGANIZATIONS FINANCIAL STATEMENTS. QUESTIONS THAT ARISE
DURING THE REVIEW PROCESS ARE FORWARDED TO THE TAX PREPARER AND THE
TREASURER.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST THROUGH ITS WEBSITE.
NO CHANGE IN PROCESS FROM PRIOR YEAR.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

דאיז	ERNATIONAL BACCALA	UREATE AS	SOCTAT	TON	-			
	F ROCKY MOUNTAIN S		5001111		м 990 р.	AGE 10		84-1597391
Par	· · · · · · · · · · · · · · · · · · ·		79 Note. If yo				V before yo	
1 N	faximum amount. See the instruction	s for a higher limit	for certain b	usinesses			1	250,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)			2	
	hreshold cost of section 179 property						3	800,000.
4 R	eduction in limitation. Subtract line 3	from line 2 If zero	or less, ente	er -0-			4	
5 D	ollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If mamed fil	ing separately, see	instructions		5	
6	(a) Description of p	roperty		(b) Cost (busine	ess use only)	(c) Elected	d cost	
7 L	isted property. Enter the amount from	n line 29			7			
8 T	otal elected cost of section 179 prop	erty. Add amounts	s in column (c), lines 6 and	7	,	8	
9 T	entative deduction Enter the smalle	r of line 5 or line 8					9	
10 C	arryover of disallowed deduction from	m line 13 of your 2	008 Form 45	662			10	
11 B	susiness income limitation. Enter the s	smaller of business	s income (no	t less than zer	o) or line 5		11	
12 S	ection 179 expense deduction. Add	lines 9 and 10, but	t do not ente	r more than lir	ne 11		12	
13 C	carryover of disallowed deduction to 2	2010 Add lines 9 a	and 10, less	line 12	▶ 13			
Note	Do not use Part II or Part III below fo	or listed property	nstead, use	Part V				
Par	t II Special Depreciation Allows	ance and Other D	epreciation	(Do not include	de listed prope	rty.)		
14 S	pecial depreciation allowance for qua	alified property (otl	her than liste	ed property) pl	aced in service	during		
ti	ne tax year						14	
15 P	roperty subject to section 168(f)(1) el	ection					15	
,	ther depreciation (including ACRS)						16	
Par	TIII MACRS Depreciation (Do n	ot include listed pi)			
			Se	ection A				
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginnir	ng before 2009	9		_ 17	397.
18 If	you are electing to group any assets placed in se					<u> </u>		
	Section B - Assets		T		Jsing the Gen	eral Deprecia	ation Syste	m ————————————————————————————————————
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation investment use e instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property			507.	5 YRS.	HY	SL	51.
c	7-year property							
_d	10-year property						1	
<u>e</u>	15-year property	_						
f	20-year property	_						
9	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	- Tooleania Terrai property	/		······	27 5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs	MM	S/L	
		/	<u></u>		<u> </u>	MM	S/L	
	Section C - Assets	Placed in Service	During 200	9 Tax Year U	sing the Alteri	native Depred	T 1	tem
20a	Class life					 	S/L	
<u> </u>	12-year	 	-		12 yrs	8484	S/L	
C	40-year	/	L		40 yrs	MM	S/L	· ·-·-
	Summary (See Instructions.)				-		1 1	
	isted property Enter amount from lin		40	0	\		21	
	otal. Add amounts from line 12, lines	-						448.
E	inter here and on the appropriate line	s of your return P	artnerships a	and S corpora	tions - <u>see in</u> st		22	440.

23

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

8	4 –	1	5	9	7	3	9	1	Page	2
---	-----	---	---	---	---	---	---	---	------	---

Form 4562 (2009)	OF ROCKY	MOUNTAIN	SCHOOLS _	84-15
Part V	Listed Property (Incl	lude automobiles, c	ertain other vehicles	s, cellular telephones	, certain computers, and property us

ed for entertainment,

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? No Yes Yes (b) (c) (e) (i) (d) Date Business. Flected Basis for depreciation Depreciation Type of property Recovery Method/ Cost or (business/investment section 179 placed in investment (list vehicles first) deduction other basis period Convention service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use % S/L · S/L -% % S/L -28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (e) (f) (a) (b) (c) (d) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes Yes 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization **(f)** (c) (d) (e) (b) Amortization for this year Amortization Description of costs Date amortization Amortizable begins period or percentage 42 Amortization of costs that begins during your 2009 tax year 43 43 Amortization of costs that began before your 2009 tax year 44 44 Total. Add amounts in column (f). See the instructions for where to report

Form **8868** (Rev. April 2009) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Reve	enue Service	► File a separate application for each return.		<u> </u>
● If you a	are filing for an Aut	omatic 3-Month Extension, complete only Part I and check this box		▶ X
•	•	itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
Do not co	omplete Part II un	less you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868
Part I	Automatic	3-Month Extension of Time. Only submit original (no copies needed).		
	_			
-	•	Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	▶ □
Part I only	•			
	corporations (inclui ome tax returns	ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extens	sion of time
Electroni noted bel (not autor you must	ic Filing (e-file). Good (6 months for a matic) 3-month extends submit the fully continued.	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filence-file for Chanties & Nonprofits.	cally if nsolida	(1) you want the additional ted Form 990-T. Instead,
Type or	Name of Exemp		Emple	oyer identification number
print		IONAL BACCALAUREATE ASSOCIATION		
File by the	OF ROC	KY MOUNTAIN SCHOOLS	84	4-1597391
due date for filing your return See		and room or suite no. If a P.O. box, see instructions. RS COURT		
instructions	City, town or po	st office, state, and ZIP code. For a foreign address, see instructions.	· · · · · · · · · · · · · · · · · · ·	
Check ty	rpe of return to be	filed (file a separate application for each return)		
For	rm 990 rm 990-BL rm 990-EZ rm 990-PF	Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A Form 88	227 069	
	111 990-FF			
		LORI DOWD	7	
		$e^{\text{of}} \triangleright \frac{6730 \text{ COORS COURT} - \text{ARVADA, CO } 80004-204}{13232}$		
-	none No ► <u>303</u>	- 22		
	•	not have an office or place of business in the United States, check this box irn, enter the organization's four digit Group Exemption Number (GEN) If th	io io for	the whole group, shock this
box >		t of the group, check this box in and attach a list with the names and EINs of all		
	II It is for par	and attack, a list with the finance and Elite of all		
1 l re		$^{\circ}$ 3-month (6-months for a corporation required to file Form 990-T) extension of time unt 15 , 2011 , to file the exempt organization return for the organization named a		The extension
ıs f	or the organization	's return for		
>	alendar year	or		
>	X tax year begii	nning JUL 1, 2009 , and ending JUN 30, 2010		_ ·
2 If ti	his tax year is for le	ess than 12 months, check reason: Initial return Final return		Change in accounting period
3a If ti	his application is fo	or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nrefundable credits		3a	\$
	, ,	r Form 990-PF or 990-T, enter any refundable credits and estimated		
	· ·	nclude any prior year overpayment allowed as a credit.	3b	\$
		ct line 3b from line 3a Include your payment with this form, or, if required,		
		pon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		s N/A
Se	e instructions.		3 <u>c</u>	Φ IN/ IA
Caution.	. If you are going to	make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions