Form **990-EZ**

Short Form

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

OMB No 1545-1150

2005

Open to Public Inspection

| | | the Treasury ue Service | ► The | e c | than \$250,000 nization may have to use a copy | at the end of the yea of this return to satist | | eporting rea | uiremer | ts. | | Insped | ction |
|---------------|---|--|--------------------|---------------|--|---|--------------|-----------------------------|-----------|-------------|-------------|-------------|---------------|
| | A For the 2005 calendar year, or tax year beginning , 2005, and ending | | | | | | | , 20 | | | | | |
| | | | | | | | olover | loyer identification number | | | | | |
| _ | ddress change use IRS GOLDEN ACADEMY AND TUTORING CENTER | | | | | - | 4 : 1578819 | | | | | | |
| = | | ne change print or Number and street (or P.O. box. if mail is not delivered to street address) Room/suite E. Teler | | | | | _ | | | | | | |
| = | ntial retu | | type. See | 2 | YOUNGFIELD STREET | | | 250 | | • | | -8042 | |
| = | inat retur mended | | Specific | ۶Ė | ty or town, state or country, and ZIP | + 4 | | | F Gro | | | | |
| = | | n pending | Instruc- tions. | ՝ լ | EWOOD, CO 80215-7055 | | | | | nber | | > | 4171 |
| | Section | on 501(c)(3) | organiz | zat | and 4947(a)(1) nonexempt ch | aritable trusts must | attach | G Acco | unting r | netho | d | ☑ Cash | Accrual |
| | | ()() | _ | | d Schedule A (Form 990 or 99 | | | Other | r (specif | y) ► | | | |
| - | | | | | | | | H Chec | k ▶ □ | 7 ıft | he o | rganizatio | n |
| ı V | /ebsit | te: ▶ <u>NON</u> | E | | | | | I | t require | | | - | •• |
| JO | rganiz | zation type (d | check o | nly | e)— 🗹 501(c) (3) ∢ (insert no |) 4947(a)(1) or | 527 | Sche | dule B (| Form | 990, | 990-EZ, | or 990-PF) |
| K C | heck ▶ | If the or | ganızatı | ion | ross receipts are normally not n | nore than \$25,000 Th | ne organi | zation need | not file | a retu | ırn v | vith the IR | S; but if the |
| | | | | | rn, be sure to file a complete ret | | | | | | | | , |
| LA | dd line: | s 5b, 6b, and | 7b, to lii | ine | determine gross receipts; if \$100 | ,000 or more, file Form | 990 ınste | ead of Form 9 | 990-EZ . | • | \$ | | |
| Pa | rt I | Revenue | , Expe | en | , and Changes in Net A | ssets or Fund Ba | alances | (See pag | je 38 d | of the | e ins | struction | าร.) |
| | 1 | Contributio | ns, gifts | s, | nts, and similar amounts receiv | ved | | | | 1 | Ц | | 29722 |
| | 2 | Program s | ervice | re | ue including government fee | s and contracts . | | | | | <u> </u> | | 60043 |
| D | 3 | - | | | assessments | | | | | 3 | <u> </u> | | 0 |
| 5 | 4 | Investmen | incom | ne | | | , , . | | | 4 | Ц | | 0 |
| | 5a | Gross amo | ount fro | om | le of assets other than inven- | tory | 5a | | | 0 | | | |
| 2 | b | Less: cost | or other | er | sis and sales expenses | <i></i> . | 5b | | | 0 | | | |
| | С | | | | | | | | 5 | c | | 0 | |
| | 6 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ | | | | | | | | | | | | |
| ě | a Gross revenue (not including \$ of contributions | | | | | | | | | | | | |
| | | reported o | n line 1 | 1) | | | 6a | | 4 | 3 | | | |
| - 1 | b Less: direct expenses other than fundraising expenses | | | | | | 0 | | | | | | |
| 2 | c Net income or (loss) from special events and activities (line 6a less line 6b) | | | | | | | 6 | c | | 43 | | |
| ဘ | 7a | b Less: cost of goods sold | | | | | | | 0 | | | | |
| 7068 | b | | | | | | | | 0 | | | _ | |
| 2 33 | C | | | | om sales of inventory (line 7 | a less line 7b) | | | | | _ | | 0 |
| | 8 | | | | e Rebate Received | 0) | | | | <u> </u> | _ | | 15 |
| \rightarrow | 9_ | | | | es 1, 2, 3, 4, 5c, 6c, 7c, and | 8) | | • • • | · · · | - 9 | | | 89823 |
| | 10 | | | | ounts paid (attach schedule) | · · · · · | | | | 1 | _ | | 0 |
| | 11 | Benefits pa | aid to d | or | members PECEIVE | - n · · · · · | | | | 1 | _ | | 44043 |
| Š | 12 | Salaries, o | ther co | om | sation, and employee benef | uts of the t | | | | 1 | | | 41013 7336 |
| ē | 13 | | | | other payments to independent | | | | | 1: | _ | | 9700 |
| Expenses | 14 | Occupanc | y, rent, | , u | es, and maintenavce 1. 3. 2 | | | | • • | 1: | - 1 | | 3156 |
| _ | 15 16 | Printing, p | ublicati | ۱Ο۱) د ده/ | postage and shipping | · · · | | | | 1 | | | 32543 |
| | 10 | Total expe | enses (| (at | ines 10 through 60 EN | 1150 | | <u> </u> | | | | | 93748 |
| | | | | | | | | | | 7 | | | (3925) |
| Assets | 18 | | - | - | he year (line 9 less line 17) | | | | | | + | | (5525) |
| SS | 19 | | | | lances at beginning of year | | | _ | | | ۱ | | (1725) |
|) t | 20 | | | | orted on prior year's return) issets or fund balances (atta | | | | | 2 | _ | ·· | 0 |
| Net | 21 | | | | ances at end of year (combir | | | | | 2 | _ | | (5650) |
| Pa | rt II | | | | Total assets on line 25, colu | | | | | | | f Form 9 | |
| | | | | | age 41 of the instructions.) | ···· (, •···· , •·, •· | | | ginning o | | | (B) End | |
| 22 | Cael | h, savings, a | • | | • | | | | | 2652 | | | 524 |
| 23 | | and buildi | | | | | | | | | 23 | | 0 |
| 24 | Othe | er assets /de | escribe | • | quipment less depreciation | 1 | | | | 1246 | | | 164 |
| 25 | | al assets . | | | | | <i>,</i> | | | 3898 | | | 688 |
| 26 | Tota | al liabilities | (descrit | Ibe | Payroll Taxes and Credit C | ards Payable | · · · · | | | 5623 | 26 | | 6338 |
| | Net | assets or f | und h | als | es (line 27 of column (B) mu | st agree with line 2 | 1) / | | | 725) | | | (5650) |

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

Cat No 106421

Form **990-EZ** (2005)

| _ | • |
|-----|------------|
| Pao | ∂ 4 |
| | |

| | (2000) | | | | | | | ugo = |
|-------------|---|---|----------------------------|------------------------------------|----------|--------------------|--------------------|--------------|
| | rt III Statement of Program Service Accom | | 2 of the instruction | ns.) | 4 | Expen | | |
| Wha | at is the organization's primary exempt purpose? 🕏 | School | | | | red for 4) orga | | |
| Des | cribe what was achieved in carrying out the organiz | ation's exempt purposes. It | n a clear and conc | ise manner, | and 4 | 1947(a) | (1) tru | usts; |
| | cribe the services provided, the number of persons be | nefited, or other relevant info | ormation for each p | rogram title. | option | al for o | others | i.) |
| | | *************************************** | | | ļ | | | |
| | | | | | | | | |
| | | ••••• | | | 1 | | _ | |
| | Grants \$ 0) If this amount incl | udes foreign grants, check | chere | <u>, ▶ □</u> | 28a | | 8 | 0265 |
| 29 . | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Grants \$) If this amount incl | | | | 29a | | | |
| 30 | | | | | | | | |
| | | | | | 1 | | | |
| | (Grants \$) If this amount incl | udes foreign grants, check | | . ▶ □ | 30a | | | |
| | | uues ioreigii grants, check | | | 304 | | | |
| | (Grants \$) If this amount incl | | | | 31a | | | |
| | Total program service expenses (add lines 28a th | arough 31a) | CHOIC | | 32 | | 8 | 0265 |
| | rt IV List of Officers, Directors, Trustees, and Key | | | | | instruc | | |
| | | (B) Title and average | (C) Compensation | (D) Contributio | ns to | (E) E | Expens | se |
| | (A) Name and address | hours per week devoted to position | (If not paid, enter -0) | employee benefit deferred compe | | | ount an allowan | |
| Eliz | zabeth A Pettit | | | <u> </u> | | | | |
| 470 | Sunrise Drive, Golden, CO 80401 | Exec. Director, 40 hrs | 27900 | | 0 | | | 0 |
| | san McCullough | 0 | _ | | | | | |
| 623 | 3 Braun Circle, Arvada, CO 80004 | Secretary, 5 hrs | 0 | | 0 | | | 0 |
| The | eresa Neimi | Treesurer 5 hrs | 0 | | | | | |
| 162 | 263 East Belleview, Aurora, CO 80015 | Treasurer, 5 hrs | 0 | | 0 | | | U |
| | |] | |] | | | | |
| | | | <u> </u> | | | | | |
| Pa | rt V Other Information (Note the attachm | ent requirement in Gene | eral Instruction V | , page 14.) | | | Yes | No |
| 33 | Did the organization engage in any activity not pr | eviously reported to the IR | S? If "Yes," attach | a detailed | | | | / |
| | | | | | | 33 | | |
| 34 | Were any changes made to the organizing or government | erning documents but not | reported to the IR | S? If "Yes," | | | | 1 |
| | | | | | | 34 | | <u> </u> |
| 35 | If the organization had income from business activities, | such as those reported on lin | es 2, 6, and 7 (amon | g others), but | not | | . | |
| | reported on Form 990-T, attach a statement explaining | your reason for not reporting | the income on Form | 990-T. | | _ | | |
| a | Did the organization have unrelated business gros | ss income of \$1,000 or mo | re or 6033(e) notice | e, reporting, | and | | | 1 |
| | proxy tax requirements? | | | | | 35a | | <u> </u> |
| b | If "Yes," has it filed a tax return on Form 990-T f | or this year? | | | | 35b | | ļ |
| 36 | Was there a liquidation, dissolution, termination, of | | | "Yes," attac | h a | | . 1 | 1 |
| | statement.) | | | | None | 36 | | |
| | Enter amount of political expenditures, direct or inc | | | | None | 275 | | |
| Ŀ | Did the organization file Form 1120-POL for this | = | | | | 37b | \dashv | - |
| 38a | , | | | | ere | 200 | . 1 | - |
| _ | any such loans made in a prior year and still unp | | - 1 | return? . | | 38a | \rightarrow | - |
| b | If "Yes," attach the schedule specified in the line | e 38 instructions and ente | r the amount 38 | h | None | | , | |
| ~~ | involved | | | <u> </u> | None | | , | |
| 39 | 501(c)(7) organizations. Enter | | 39 | _ ا | N/A | | | |
| | Initiation fees and capital contributions included o | | 39 | | N/A | | , | 1 |
| | Gross receipts, included on line 9, for public use | | · · · · · — | | .11/1 | | | 1 |
| 40a | 501(c)(3) organizations. Enter amount of tax impo | sed on the organization du | | er: | 0 | | , | 1 |
| | | | | | _ | | | |
| C | 501(c)(3) and (4) organizations. Did the organization of year or did it become aware of an excess benefit tra | | | | uie. | 40ь | , | ✓ |
| _ | Enter amount of tax imposed on organization ma | · · · · · · · · · · · · · · · · · · · | | | • | | | |
| | sections 4912, 4955, and 4958 | | | | | | | 0 |
| d | Enter amount of tax on line 40c reimbursed by th | | | > | | | | 0 |

Golden Academy and Tutoring Center

84-1578819

Form **990-EZ** (2005)

Form 990-EZ (2005) Page 3 Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued) Part V List the states with which a copy of this return is filed. ▶ None 42a The books are in care of ▶ Golden Academy and Tutoring Center Telephone no. ▶ (303) 274-8042 Located at ▶ 2700 Youngfield St Ste 250, Lakewood, CO ZIP + 4 ▶ 80215-7055 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?. 42c If "Yes," enter the name of the foreign country: > N/A 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 . . ▶ N/A Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, by is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** Sign Here Elizabeth A. Pettit, Executive Director Type or print name and title Check if Preparer's SSN or PTIN (See Gen. Inst. W) Preparer's Paid seffsignature P00444344 employed ▶ __ Preparer's Firm's name (or yours Admin Power, Inc. EIN **Use Only** if self-employed), address, and ZIP PO Box 71, Englewood, CO 80151-0071 Phone no ► (720) 214-2575

Golden Academy and Tutoring Center

84-1578819

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury Internal Revenue Service Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

| Name of the organization | | Employer identification number | | | | |
|---|--|--------------------------------|---|--|--|--|
| Golden Academy and Tutoring Center | 84 1578819 | | | | | |
| Compensation of the Five High (See page 1 of the instructions. L | | | | nd Trustees | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances | | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total number of other employees paid over \$50,000 . | | | | | | |
| Part II-A Compensation of the Five Higher (See page 2 of the instructions. List | | | | | | |
| (a) Name and address of each independent contractor | paid more than \$50,000 | (b) Type | of service | (c) Compensation | | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | | | | | |
| Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No | ned services other than p | professional serv | Other Services vices, whether inc | lividuals or | | |
| (a) Name and address of each independent contractor | r paid more than \$50,000 | (b) Type | of service | (c) Compensation | | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total number of other contractors receiving over \$50,000 for other services | | | | | | |

Page 2 Schedule A (Form 990 or 990-EZ) 2005 Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ _____ Mone (Must equal amounts on line 38, 1 Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 2b **b** Lending of money or other extension of credit? 2c 2đ d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2e e Transfer of any part of its income or assets? 3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how За 3b **b** Do you have a section 403(b) annuity plan for your employees? Зс c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) The organization is not a private foundation because it is. (Please check only ONE applicable box) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii). 7 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). 8 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A) 11a 🔲 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 12 An organization that normally receives. (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 331/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ☐ Type 1 ☐ Type 2 Type 3 Provide the following information about the supported organizations. (See page 6 of the instructions.) (b) Line number (a) Name(s) of supported organization(s) from above An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Page 3

| | t IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions | | | | | | ccounting. |
|------------|---|--|--|---|--|--------------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2003 | (c) 2002 | (d) 20 | 01 | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do | | | | | | |
| | not include unusual grants. See line 28). | | | | | | N/A |
| 16 | Membership fees received | | | | İ | | N/A |
| 17 | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the | | - | | | | |
| | organization's charitable, etc., purpose | | | | <u> </u> | | N/A |
| 18 | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. | | | | | | N/A |
| 19 | Net income from unrelated business activities not included in line 18 | | | | | | N/A |
| 20 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | N/A |
| 21 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | N/A |
| 22 | Other income. Attach a schedule. Do not | | | | - | | |
| | include gain or (loss) from sale of capital assets | 1 | | | | | N/A |
| 23 | Total of lines 15 through 22 | | | | | | N/A |
| 24 | Line 23 minus line 17 | | | | | | N/A |
| 25 | Enter 1% of line 23 | | | | | | |
| 26 | Organizations described on lines 10 or 11: | a Enter 2% of | amount in colur | nn (e). line 24 | <u> </u> | 26a | N/A |
| | Prepare a list for your records to show the nar governmental unit or publicly supported organiamount shown in line 26a. Do not file this list w | me of and amoun zation) whose tota | t contributed by al gifts for 2001 t | each person (oth through 2004 exce | er than a eeded the | 26b | N/A |
| • | | | | | | 26c | N/A |
| ا | Total support for section 509(a)(1) test: Enter la Add Amounts from column (e) for lines 18 | ne 24, column (e, | | | – | 1200 | |
| d | · • | | | | | 26d | N/A |
| | Public support (line 26c minus line 26d total) | | | | | 26e | N/A |
| f | Public support percentage (line 26e (numera | | | | | 26f | N/A % |
| 27 b | Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2004) | the name of, and e sum of such an ved from each per year, that was mo | total amounts renounts for each (2002) son (other than "ore than the larger | eceived in each year year disqualified person r of (1) the amount | ar from, ead (2001) s"), prepare on line 25 fo | ch "disquare" a list for | ualified person." r your records to ear or (2) \$5,000. |
| | (Include in the list organizations described in lines the difference between the amount received and amounts) for each year (2004) (2003) | the larger amoun | t described in (1) | or (2), enter the s | um of these | e differei | nces (the excess |
| С | Add Amounts from column (e) for lines. 15 | | | | | 27c | N/A |
| | 17 20 | | | | | 27d | N/A |
| d | Add Line 27a total. | | | | | 27e | N/A |
| e f | Public support (line 27c total minus line 27d to Total support for section 509(a)(2) test: Enter a | | | | | | .,,,, |
| • | Public support percentage (line 27e (numera | | | | | 27g | % |
| 9 h | Investment income percentage (line 18, columeration) | | | | | 27h | |
| 28 | Unusual Grants: For an organization describe | | | • | | | |
| <u> LU</u> | prepare a list for your records to show, for ea description of the nature of the grant. Do not | ch year, the nam | e of the contribi | utor, the date and | I amount o | f the gra | |

Page 4

| Pa | Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) | | | |
|-----|---|-----|----------|----------|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | 29 | Yes | No |
| 30 | other governing instrument, or in a resolution of its governing body? | 23 | | |
| | programs, and scholarships? | 30 | ✓ | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way | | | |
| | that makes the policy known to all parts of the general community it serves? | 31 | 1 | |
| | If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement.) Last published in the Golden Transcript on February 3, 2004. | | | |
| | | | | |
| 32 | Does the organization maintain the following: | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | 1 | ļ |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | ✓ | |
| С | | 32c | 1 | |
| d | | 32d | 1 | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| | | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | | |
| а | Students' rights or privileges? | 33a | | 1 |
| b | Admissions policies? | 33b | _ | ✓ |
| С | Employment of faculty or administrative staff? | 33c | | ✓ |
| d | Scholarships or other financial assistance? | 33d | | ✓ |
| е | Educational policies? | 33e | <u> </u> | ✓ |
| f | Use of facilities? | 33f | | ✓ |
| g | Athletic programs? | 33g | <u> </u> | ✓ |
| h | Other extracurricular activities? | 33h | | ✓ |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) | | | |
| | | | | |
| | | | | |
| | | | | 1 |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | \vdash | <u> </u> |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | _ |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." attach an explanation | 35 | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Schedule A (Form 990 or 990-EZ) 2005 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** (See page 12 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Yes No a Transfers from the reporting organization to a noncharitable exempt organization of: 51a(i) (ii) Other assets . a(ii) Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization . b(i) (ii) Purchases of assets from a nonchantable exempt organization . . . b(ii) (iii) Rental of facilities, equipment, or other assets b(iii) (iv) Reimbursement arrangements b(iv) b(v) (vi) Performance of services or membership or fundraising solicitations b(vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) (P) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No b If "Yes," complete the following schedule. (a) (b) (c) Name of organization Type of organization Description of relationship N/A

Schedule - Special Events and Activities

| King Soopers Scrip Sales | (Continuing Activity) |) |
|--------------------------|-----------------------|-------|
| Gross Revenue | from Scrip Sales | 42.61 |
| Scrip Cost Paid t | to King Soopers | 0.00 |
| | | |
| Net Income from | Scrip Sales | 42.61 |

King Soopers is a grocery store chain that provides scrip to us at a discount from the face value. Those purchasing the scrip from us can then use it to pay for groceries at face value.

990EZ, Line 16

Other Expenses:

| Automobile Expense | 867 |
|----------------------------------|-------|
| Bank charges, cc fees | 1109 |
| Contributions | 134 |
| Depreciation | 483 |
| Dues and subscriptions | 75 |
| Equipment Rental | 100 |
| Equipment Repairs | 1162 |
| Field Trips, Graduations, etc. | 1806 |
| Insurance | 1343 |
| Interest | 702 |
| Licenses & Permits | 4073 |
| Misc expense | 180 |
| Payroll taxes, employer matching | 3137 |
| Staff Training & Enhancement | 11427 |
| Supplies: Admin, office, misc | 940 |
| Supplies: Program materials | 3807 |
| Telephone & internet | 1173 |
| Travel & entertainment | 25 |
| | |
| | |
| Total | 32543 |