990-F7

Department of the Treasury

Internal Revenue Service

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)

▶ Sponsonng organizations of donor advised funds and controlling organizations as defined in section

512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 2009, and ending Please D Employer identification number B Check if applicable C Name of organization use iRS Address change label or WORLD LEADERSHIP FOUNDATION Name chance 27-0490843 print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Instial return type. See Termination 2135 GILPIN ST. (303) 679-3412Specific Amended return City or town, state or country, and ZIP + 4 Instruc-F Group Exemption Application pending DENVER, CO 80205 tions. Number · · · Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method. X Cash Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► X If the organization is not Website: ► N/A required to attach Schedule B (Form 990. Tax-exempt status (check only one) - |X| 501(c) (3) |A| (insert no) | 4947(a)(1) or 990-EZ, or 990-PF). K Check ► X If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 11,850. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances(See the instructions for Part I.) 11,850. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 5a Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gamling, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 8 Other revenue (describe 11,850. 9 9 Grants and similar amounts paid (attach schedule) 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 0. 12 1,220.13 13 Professional fees and other payments to independent contractors Occupancy rent, utilities, and maintenance 14 inting, publications, postage, and shipping 15 16 27,344. 28,564. 17 Excess or (deficit to the year (Subtract line 17 from line 9) -16,714.18 et assets or fund balances at beginning of year (from line 27, column (A)) (must agree with a of year-figure-reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 -16,714.Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (A) Beginning of year (See the instructions for Part II.) (B) End of year Cash, savings, and investments ATCH 2 0. 22 334. 23 Land and buildings 23 Other assets (describe 24 25 Total assets 0. 334. 25 ATCH 3 17,048. Total liabilities (describe 0. 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) -16,714. 0. 27 JSA 9E1008 1 000 Form 990-EZ (2009)

оп	1 990-EZ (2009)				27-0490	0843	Page 2	2
Ρā	rt III Statement of Program Service Accomplishme	ents (See the instruct	ions for Part III.)		(0		enses	
	at is the organization's primary exempt purpose? ATCH 4				501(c)(3) a	or section nd 501(c)(4)	
	cribe what was achieved in carrying out the organization's exercise the companies of the co				4947	'(a)(1)	ns and section trusts, optional	
-	cribe the services provided, the number of persons benefited, and	other relevant information	for each program uu	le	for o	thers)		_
28	ATTACHMENT 5							
								
	(Cranto C) If this amount includes	foreign grants, shock hard		\neg	28a		27,268	
29	(Grants \$) If this amount includes	foreign grants, check here	• • • • • • • •	1	204		21,200	-
LJ				-				
				-				
	(Grants \$) If this amount includes	foreign grants, check here		\neg	29a			
30								_
	(Grants \$) If this amount includes	foreign grants, check here	<u>: ▶ </u>		30a			
31	Other program services (attach schedule)			<u></u>				
		foreign grants, check here		Щ	31a			_
	Total program service expenses (add lines 28a through 31a)			>	32		27,268	_
Pa	rt IV List of Officers, Directors, Trustees, and Key Emplo		1				·	_
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	empl) Contributions loyee benefit pl	ans &	(e) Expense account and	
		devoted to position	enter -0)	defe	erred compens	ation	other allowances	_
7	TTACHMENT 6	-	-0-		-0)-	-0-	
<u> </u>	TIACHMENT 0						0	-
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ICV							Form 990-EZ (2009)	ĺ

Form 99	27–04 9084	13	ı	age 3
Part \	Other Information (Note the statement requirements in the instructions for Part V.)			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33	_	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			J
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			.,
	6033(e) notice, reporting, and proxy tax requirements?	35a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets	35b		
36	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0.	30		
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9	;		
b	Gross receipts, included on line 9, for public use of club facilities]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	<u> </u>		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	\		
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d				
u	reimbursed by the organization			}
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶			
42 a	The organization's books are in care of ▶ROSS WEHNER Telephone no ▶ 303-679	9-34:	1.2	
	Located at ▶2135 GILPIN ST. DENVER, CO ZIP+4▶ 80205			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	_	X
	If "Yes," enter the name of the foreign county			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank	;		
_	At any time during the colonder year did the organization maintain on office putaids of the U.S.2	42-		
С	At any time during the calendar year, did the organization maintain an office outside of the U S.? If "Yes," enter the name of the foreign country	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40	and enter the amount of tax-exempt interest received or accrued during the tax year			لـــا
	The same and the s			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			LJ
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	F	om 99	0-EZ	(2009)

Part VI	Section 501(c)(3) organizations and se 501(c)(3) organizations and section 4947 and complete the tables for lines 50 and	(a)(1) nonexempt chari	exempt charita table trusts mu	ble trusts only. Ast answer question	All secons 46	ction)
	old the organization engage in direct or indirect p					Yes	No
C	andidates for public office? If "Yes," complete Sche	edule C, Part I			46		Х
47 C	old the organization engage in lobbying activities? If '	Yes," complete Schedule	C, Part II		47		Х
48 ls	s the organization a school as described in section 1	70(b)(1)(A)(iı)? If "Yes," co	mplete Schedule	E	48		Х
	old the organization make any transfers to an exemp				49a		Х
	i "Yes," was the related organization a section 527 of Complete this table for the organization's five high		ees (other than	officers, directors,	trustee	s an	d ke
е	mployees) who each received more than \$100,000	of compensation from the	he organization	If there is none, ent	er "No	ne "	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acco	Expensount are	nd
NONE							
f T	otal number of other employees paid over \$100,000	► NONI	 F.	ــــــــــــــــــــــــــــــــــــــ			
	complete this table for the organization's five hig 100,000 of compensation from the organization. It (a) Name and address of each independent contractor paid more	f there is none, enter "Nor	ne."		(c) Com		
NONE							
			-				
	·		-				
			-				
d T	otal number of other independent contractors received	ing over \$100,000	► NON	E			
	Under penalties of penury, I declare that I have examined this and belief, it is true, correct, and complete Declaration of pre					ige	
Sign Here	Signature of officer			11/5/10			
		ner, Expativ	e Directer				
Paid	Preparer's Ryan C. Harris	7 1 10	Check if self-employed	Preparer's identifying nur	-	instruct	ions)
Preparer Use Only	Firm's name (or EHRHARDT KEEFE ST	EINER & HOTTMAN P		N ▶84-0869	721		
	yours if self-employed), address, and ZIP + 4 7979 E. TUFTS AVE	NUE, SUITE 400 DE		none no ▶ 303-740	940	0	
May the	IRS discuss this return with the preparer shown above	ve? See instructions		<u></u> ▶[XYes		No
				Fo	m 990	-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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
2009
Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

WORLD	LEADERSH1	P FOUNDATIO	NC						27-04	90843
Part I	Reason fo	or Public Char	ity Status (All organi	zations m	ust comple	ete this p	art.) Se	e instruc	tions.	
The orga	anization is no	t a private founda	ation because it is (For	lines 1 thro	ugh 11, che	eck only o	ne box)			
1	A church, co	onvention of chur	ches, or association of	churches de	escnbed in	section	n 170(b)(1	I)(A)(i).		
2	A school des	scribed in section	on 170(b)(1)(A)(ii). (Att	ach Schedu	ıle E.)					
3			ospital service organiza		-	ction 170	(b)(1)(A)(i	iii).		
4	A medical	research organiz	zation operated in col	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
		ame, city, and sta		•	•					•
5			or the benefit of a col	lege or uni	versity ow	ned or o	perated b	by a gove	emmental	unit described in
	_	(b)(1)(A)(iv). (C		_	•					
6			emment or government	al unit desc	nbed in s	section 17	70(b)(1)(A)(v).		
7 X	An organiza	ition that norma	lly receives a substant	hal part of	its support	from a g	jovernme	ntal unit	or from t	the general public
	described in	section 170(b)(1)(A)(vi). (Complete P	Part II)						
8	A communit	y trust described	in section 170(b)(1)(/	A)(vi). (Co	mplete Part	: II)				
9	An organiza	ition that norma	lly receives. (1) more	than 33 1/3	% of its su	pport fror	n contrib	utions, m	nembershi	ip fees, and gross
	receipts from	m activities rela	ted to its exempt fun-	ctions - sul	bject to ce	rtain exc	eptions,	and (2) r	no more t	than 33 1/3% of its
	support fro	m gross investr	ment income and un	related bus	siness taxa	able incor	me (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975	See section	n 509(a)(2)	. (Comple	ete Part I	II)		
10 🔲	An organiza	tion organized ar	nd operated exclusively	to test for p	oublic safety	y See s	section 5	09(a)(4).		
11 🔲	An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform the	e functio	ns of, or	to carry out the
	purposes of	f one or more p	ublicly supported orga	anizations of	described i	n section	509(a)(1	l) or sect	tion 509(a	a)(2) See section
	509 <u>(a)(</u> 3). (Check the box th	at describes the type of	of supporting	g organizat	tion and c	complete	lines 11e	through	11h.
-	a [Typ	ei b	Type II c	: 💹 Тур	e III - Funct	tionally int	tegrated		d Ty	ype III - Other
e		-	ertify that the organiz			-	-			
	persons oth	er than foundati	ion managers and oth	er than on	e or more	publicly s	supported	lorganiza	ations de	scribed in section
		r section 509(a)(•							
f			l a written determinat	ion from t	he IRS tha	it it is a	Type I, 1	Гуре II, о	r Type III	supporting
	_	i, check this box								
g	_		the organization accept	ed any gift o	or contribut	ion from a	iny of the			
	following pe									(u. 15. -
			or indirectly controls							
			erning body of the supp		inization?					· — — — — — — — — — — — — — — — — — — —
		•	erson described in (i) ab							. 11g(ii) X
	• •	-	of a person described II		•				• • • •	. 11g(iii) X
<u>h</u>		 -	tion about the supporte			4354		4-21	- 4	(-!!) A f
	e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis			ou notify sization in		s the ton in col.	(vii) Amount of support
`			above or IRC section	governing o			of your	(i) organi:	zed in the	
		l	(see instructions))	Yes	No	Yes	No No	Yes	No	
				163		103		103		
						 			-	
						 	 	 	 	
		l	 			t	l			
_		<u> </u>								
Total		[

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

Par	 (Complete only if you check 				b)(1)(A)(iv) aı	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
	ndar 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")	0.	0.	0	0.	11,850.	11,850.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	00	0.	0	0.	11,850.	11,850
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)						
6	Public support. Subtract line 5 from line 4						11,850
Sec	tion B. Total Support				_	, —	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0.	0	0.	0	11,850.	11,850.
8	Gross income from interest, dividends,]	1	
	payments received on securities loans, rents, royalties and income from similar						
	sources						
	Not uncome from uprolated business						
9	Net income from unrelated business activities, whether or not the business is regularly carned on			,			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u>.</u>]		11,850
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup					T I''	
14	Public support percentage for 2009 (line						
15	Public support percentage from 2008 Sc						%
16a	33 1/3 % support test - 2009. If the o	=					
	this box and stop here. The organization	-		_			
b	33 1/3 % support test - 2008. If the c						
	check this box and stop here. The orga	•		• •			
17a	10%-facts-and-circumstances test - 2	_			•		
	or more, and if the organization me					-	•
	Part IV how the organization meets t						
	organization						
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organization				_	-	
18	supported organization						
	instructions						▶ 🗀
						Schedule A (Form 99	

Par	Support Schedule for Organ (Complete only if you checke						
Sec	tion A. Public Support						
• —	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(0, 1000	(2) 2000	(0) 2001	(4) 2000	(0, 2000	(1) 10(2)
•	membership fees received (Do not include						
	any "unusual grants ")					1	
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities		i				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u>-</u> -					
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513		_				
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf		_				
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				_		
b	Amounts included on lines 2 and 3 received from other than disqualified					1	
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year		:				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support			-	-	•	
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,				 		-
	payments received on secunties loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business			_			
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						 -
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	* * * * * * * * * * * * * * * * * * * *						
14	and 12)	the essential	la first second	Abred County as	60L A	504	
14	First five years. If the Form 990 is for						
Sec	organization, check this box and stop here tion C. Computation of Public Sur			· · · · · · · · · · · · · · · · · · ·	• • • • • • • •	· · · · · · · · · · · ·	
15	Public support percentage for 2009 (line 8, c			(6)			
		• • •	•		• • • • • • • •	15	<u>%</u>
16 Sec	Public support percentage from 2008 Schedu			• • • • • • • • •		16	<u></u>
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (liii					17	<u> </u>
18	Investment income percentage from 2008						
19 a	33 1/3 % support tests - 2009. If the o	_					_
	17 is not more than 33 1/3 %, check the		-	-			
b	33 1/3 % support tests - 2008. If the org						
	line 18 is not more than 331/3 %, check			_		• • •	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
JSA 221 1 00	n				S	ichedule A (Form 99	0 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

Page 4

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

3984AN N752

FORM 990EZ, PART I - OTHER EXPENSES

LABOR	9,185.
MATERIALS	7,843.
TRANSPORT	6,398.
MISCELLANEOUS EXPENSE	2,161.
FOOD AND ACCOMODATIONS	1,681.
BANK SERVICE CHARGES	76.
TOTAL	27,344.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	0.	334.
TOTALS	0.	334.

A	Τ.	ΓA	CH	ME	NT	3
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FORM 990EZ, PART II - TOTAL LIABILI	TIES
-------------------------------------	------

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
MORTGAGES AND OTHER NOTES PAYABLE	0.	17,048.
TOTALS	0.	17,048.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE WORLD LEADERSHIP FOUNDATION, WLF, FUNDS SCHOOL BUILDING AND RENOVATION, AND OTHER COMMUNITY PROJECTS, IN ORDER TO HELP IMPOVERISHED COMMUNITIES AND EMPOWER YOUTH IN THE RAPIDLY DEVELOPING WORLD.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 5

PROGRAM SERVICE ACCOMPLISHMENT 1

IN 2009, WLF DONATIONS WENT TO SHOMPOLE COMMUNITY TRUST, A COMMUNITY ORGANIZATION WITH WHICH WORLD LEADERSHIP SCHOOL IS WORKING TO BUILD A SCHOOL IN OLOIKA TRADING CENTER IN SHOMPOLE GROUP RANCH, KENYA. OLOIKA IS LOCATED IN THE GREAT RIFT VALLEY REGION OF SOUTHERN KENYA, AN AREA THAT IS EXPERIENCING FAMINE DUE TO A DECADE-LONG DROUGHT IN THE REGION. THIS MONEY WAS USED TO BUILD A 2,200 SQUARE-FOOT SCHOOL BUILDING MADE OF COMPRESSED EARTH BLOCKS, WHICH ARE BRICKS MADE FROM CEMENT AND LOCAL EARTH. IN THE SUMMER OF 2010, WLF WILL SEND ADDITIONAL FUNDS TO COMPLETE THE ROOF FOR THE BUILDING, WHICH WILL SERVE AS A DINING HALL, MULTI-USE EDUCATIONAL SPACE, KITCHEN AND PANTRY. WLF WILL ALSO FUND THE RENOVATION OF EXISTING CLASSROOM BLOCKS AND INSTALL SOLAR PANELS IN A GIRLS' DORMITORY SO THAT STUDENTS CAN DO HOMEWORK AFTER DARK.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS,	S, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	YEES	ATTACH	ATTACHMENT 6
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
ROSS WEHNER 2135 GILPIN ST. DENVER, CO 80205	PRESIDENT 1.00	0	Ċ	o
CYNTHIA BEAMS 2135 GILPIN ST. DENVER, CO 80205	SECRETARY 1.00	0	Ċ	·
SCOTT CURRY 2135 GILPIN ST. DENVER, CO 80205	TREASURER 1.00	o	Ċ	Ō
GREG COURTWRIGHT 2135 GILPIN ST. DENVER, CO 80205	BOARD MEMBER 1.00	Ö	Ö	·
LARA MENDEL 2135 GILPIN ST. DENVER, CO 80205	BOARD MEMBER 1.00	.0	ò	.0
SAM SCHLEHUBER 2135 GILPIN ST. DENVER, CO 80205	BOARD MEMBER 1.00	0	Ö	·o
FRANK LOFRISCO 2135 GILPIN ST.	BOARD MEMBER 1.00		ó	Ö

ATTACHMENT 6 (CONT'D)	CONTRIBUTIONS EXPENSE ACCT. TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES		.0	0.0
EMPLOYEES	COMPENSATION B		.0	0.
FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		BOARD MEMBER 1.00	GRAND TOTALS
FORM 990EZ, PART IV - LI	NAME AND ADDRESS	DENVER, CO 80205	HAYNES CHIDSEY 2135 GILPIN ST. DENVER, CO 80205	