

2008 TAX RETURN

Client Copy

Client: 84159

Prepared for: Working With Artists
445 South Saulsbury St
Lakewood, CO 80226
303 837 1341

Prepared by: James F Yureskes
CFM, P.C.
3110 S WADSWORTH BLVD STE 303
LAKEWOOD, CO 80227-4810
(303) 987-1091

Date: May 15, 2009

Comments:

Route to: _____

2008 Exempt Org. Return
prepared for:

Working With Artists
445 South Saulsbury St
Lakewood, CO 80226

CFM, P.C.
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LAKEWOOD, CO 80227-4810

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FEDERAL FORMS

Form 990-EZ	2008 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule E	Schools
Form 990-T	2008 Exempt Organization Bus. Income Tax Return
	Depreciation Schedules

FEE SUMMARY

Preparation Fee

Working With Artists

84-1597046

	2008	2007	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	44,551	18,571	25,980
Program service revenue.....	149,137	146,344	2,793
Membership dues and assessments.....	13,775	9,545	4,230
Net income (loss) - special events.....	1,462	1,920	-458
Gross profit (loss) - inventory sales....	7,041	1,051	5,990
Other revenue.....	18	26	-8
Total revenue.....	215,984	178,627	37,357
EXPENSES			
Salaries and employee benefits.....	77,728	0	77,728
Professional fees/pymt to contractors....	3,512	0	3,512
Occupancy/rent/utilities/maintenance....	12,451	0	12,451
Printing, publications, and postage.....	1,550	0	1,550
Other expenses.....	92,327	0	92,327
Total expenses.....	187,568	162,024	25,544
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	28,416	16,603	11,813
Net assets/fund bal. at beg. of year.....	10,372	-6,231	16,603
Net assets/fund bal. at end of year.....	38,788	10,372	28,416

	2008	2007	Diff
REVENUE			
Total revenue.....	0	0	0
DEDUCTIONS			
Total deductions.....	0	0	0
UNRELATED BUSINESS TAXABLE INCOME			
Unrelated business taxable income.....	0	0	0
TAX COMPUTATION			
Income tax.....	0	0	0
Net tax.....	0	0	0
PAYMENTS AND CREDITS			
Total payments and credits.....	0	0	0
REFUND OR AMOUNT DUE			
Tax due.....	0	0	0
Overpayment.....	0	0	0

Forms needed for this return

Federal : 990-EZ, Sch A, Sch B, Sch E, 990-T

Tax Rates

<u>Unrelated Business</u>	<u>Marginal</u>	<u>Effective</u>
Federal	0. %	0. %

Carryovers to 2009

None

Rental Income Worksheet

Gross Rental Income.....	\$	0.
Expenses		
Total Expenses.....	\$	<u>0.</u>
Net Rental Income or Loss	\$	<u><u>0.</u></u>

Computation of Cost of Goods Sold (Form 990-EZ)

1. Inventory at start of year.....	0.
2. Purchases.....	1,586.
3. Cost of labor.....	0.
4. Additional 263A costs.....	0.
5. Other costs.....	<u>0.</u>
6. Total (Add lines 1 through 5).....	1,586.
7. Inventory at end of year.....	<u>0.</u>
8. Cost of goods sold (Subtract line 7 from line 6).....	<u><u>1,586.</u></u>

Working With Artists

84-1597046

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
<u>Machinery and Equipment</u>																
1	Computer	3/23/06		472							472	165	S/L	5		94
2	Computer	6/13/08		3,785							3,785		S/L	5		442
3	9 LCD Screens	12/02/08		720							720		S/L	5		12
Total Machinery and Equipment				4,977		0	0	0	0	0	4,977	165				548
<u>Software</u>																
4	Software Adobe Photo	12/31/08		1,171							1,171		S/L	3		0
5	Quick Books	12/18/08		323							323		S/L	3		0
6	OWC	4/18/08		107							107		S/L	3		24
Total Software				1,601		0	0	0	0	0	1,601	0				24
Total Depreciation				<u>6,578</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,578</u>	<u>165</u>				<u>572</u>
Grand Total Depreciation				<u>6,578</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,578</u>	<u>165</u>				<u>572</u>

**Short Form
Return of Organization Exempt From Income Tax**

2008

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

G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning _____, 2008, and ending _____,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Working With Artists 445 South Saulsbury St Lakewood, CO 80226	D Employer identification number 84-1597046
			E Telephone number 303 837 1341
			F Group Exemption Number _____ G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) **G**

I Website: **G** N/A

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

J Organization type (check only one) ' 501(c) (3) **H** (insert no.) 4947(a)(1) or 527

K Check **G** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **G**\$ **218,583.**

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	
R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	44,551.
	2	Program service revenue including government fees and contracts	149,137.
	3	Membership dues and assessments	13,775.
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> G	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	2,475.
6b	Less: direct expenses other than fundraising expenses	1,013.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	1,462.	
7a	Gross sales of inventory, less returns and allowances	8,627.	
7b	Less: cost of goods sold	1,586.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7,041.	
8	Other revenue (describe G <u>See Statement 1</u>)	18.	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) G	215,984.	
E X P E N D I T U R E S	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	77,728.
	13	Professional fees and other payments to independent contractors	3,512.
	14	Occupancy, rent, utilities, and maintenance	12,451.
	15	Printing, publications, postage, and shipping	1,550.
	16	Other expenses (describe G <u>See Statement 2</u>)	92,327.
17	Total expenses (add lines 10 through 16) G	187,568.	
A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	28,416.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	10,372.
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 G	38,788.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	16,750.	42,219.
23	Land and buildings		
24	Other assets (describe G <u>See Statement 3</u>)	307.	5,841.
25	Total assets	17,057.	48,060.
26	Total liabilities (describe G <u>See Statement 4</u>)	6,685.	9,272.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,372.	38,788.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>See Statement 5</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Statement 6</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	28a	156,080.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	29a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	30a	
31	Other program services (attach schedule) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	156,080.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Greg Cradick 445 S Saulsbury St Lakewood, CO 80226	Executive Direc 45.00	46,885.	0.	0.
Vita Malama 5911 Pierce St #203 Arvada, CO 80003	Board Member 5.00	0.	0.	0.
Steve Malama 5964 E Nicholas Place Centennial, CO 80112	Board Member 5.00	0.	0.	0.
Ellen Yeiser 10004 North Heather Drive Castle Rock, CO 80108	Board Member 5.00	0.	0.	0.
Evan Anderman 865 Josephine St Denver, CO 80209	Board Member 4.00	0.	0.	0.
Susan Blake 10192 Crestridge Lane Englewood, CO 80111	Board Member 5.00	0.	0.	0.
Robert Eggert 1693 Oneida St Denver, CO 80220	Treasurer 4.00	0.	0.	0.
Lisa Margerum 1433 Williams St #804 Denver, CO 80128	Board Member 4.00	0.	0.	0.
Lydia Vanderberg 170 W Bayaud Ave Denver, CO 80223	Chairman 10.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction 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.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		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 your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. G 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G 0.; section 4912 G 0.; section 4955 G 0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. G 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. G 0.		
e	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.		X
41	List the states with which a copy of this return is filed G None		

42a The books are in care of **G** Lydi a Vanderberg Telephone no. **G** 303 477 4896
 Located at **G** 445 Saulsbury Studios A-C Lakewood CO ZIP + 4 **G** 80203

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: G _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: G _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **G** N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **G** 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	X	
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000.	G			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000.	G	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: G _____ Date _____
 Signature of officer
 G _____
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: G James F Yureskes Date: _____ Check if self-employed: G Preparer's Identifying Number (See instructions): P00122561
 Firm's name (or yours if self-employed), address, and ZIP + 4: G CFM, P. C. 3110 S WADSWORTH BLVD STE 303 LAKEWOOD, CO 80227-4810
 EIN: G 743017243
 Phone no.: G (303) 987-1091

May the IRS discuss this return with the preparer shown above? See instructions. G Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 Total. Add lines 1-3.						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 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 business is regularly carried 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.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the 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.						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities 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 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 lns 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 G

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests * 2008. 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization G

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 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. G

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. G

Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

Name of the organization

Working With Artists

Employer identification number

84-1597046

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule '

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) G\$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

Working With Artists

84-1597046

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	St. Mary Land & Exploration 1776 Lincoln St #700 Denver, CO 80203	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Science & Cultural Facilities Dist. 899 Logan St #500 Denver, CO 80203	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Working With Artists

84-1597046

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		

Name of organization

Employer identification number

Working With Artists

84-1597046

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

G To be completed by organizations that
answer 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
G Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Working With Artists

Employer identification number

84-1597046

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....	X	
3 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 had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain.....	X	

4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?.....	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?.....	X	
If you answered 'No,' to any of the above, please explain. (If you need more space, attach a separate statement.)		

5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?.....		X
b Admissions policies?.....		X
c Employment of faculty or administrative staff?.....		X
d Scholarships or other financial assistance?.....		X
e Educational policies?.....		X
f Use of facilities?.....		X
g Athletic programs?.....		X
h Other extracurricular activities?.....		X
If you answered 'Yes,' to any of the above, please explain. (If you need more space, attach a separate statement.)		

6a Does the organization receive any financial aid or assistance from a governmental agency?.....		X
b Has the organization's right to such aid ever been revoked or suspended?.....		X
If you answered 'Yes,' to either line 6a or line b, please explain using an attached statement.		
7 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 nondiscrimination? If 'No,' attach an explanation.....	X	

Working With Artists

84-1597046

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Misc		\$	18.
	Total	\$	<u>18.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bank charges& processing.....	\$	4,804.
Depreciation.....		572.
Instructor fees and supplies.....		52,429.
Insurance.....		1,864.
Interest.....		979.
Marketing.....		6,329.
Models.....		2,364.
Office.....		1,030.
Reference material.....		238.
Staff training.....		243.
Supplies.....		9,417.
Taxes.....		278.
Telephone.....		2,188.
Travel.....		8,492.
Web Site.....		1,100.
	Total	\$ <u>92,327.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 307.	\$ 4,264.
Miscellaneous.....	0.	1,577.
	Total	\$ <u>5,841.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 6,685.	\$ 3,272.
Payable to Officers, Directors, Etc.....	0.	3,500.
	Total	\$ <u>6,772.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To enhance the quality of life in the communities served by encouraging individual expression and communication through arts education by offering workshops on creative and thought provoking topics and encouraging the exhibition of work. To offer adult programs that help photographic artists and aspiring artists achieve their goals. To offer youth programs that provide young people with the opportunity to explore the art of photography.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

WWA taught PhotoFundamentals, an after school youth program to approximately ten schools in the 2008 school year. Worked alongside Denver Public Schools educators to teach photographic concepts, visual literacy visual vocabulary and basic photographic skills.

For High School and post secondary students, WWA offered a year round internship programs in Studio Management, Youth Programs, Gallery assisting graphic design and Grant Writing.

WWA collaborated with a number of major SCFD organizations for Kids Photography Week including: Downtown Aurora Visual Arts, The Denver Botanic Gardens, and The Denver Art Museum. These organizations along with the Butterfly Pavilion worked with WWA to create a photo-scamper hunt that incorporates photography into educational activities.

WWA held a workshop titled "Intense Moments: Photographing Sports," which allowed students to shadow under an internationally known sports photographer, Peter Read Miller. Participants gained experience while photographing Colorado area teams in action. We have worked with the East H.S. Basketball Team, the Athletic Department at CSU, the DU Lacrosse team, and The Colorado Crush. This workshop draws national and international participants each year.

Started a new free program by hosting a daily Tea at 4pm in our gallery. This event is complimentary and open to the public. During this time, students, gallery visitors, and staff gather to open dialogue regarding classes, new ideas, their artwork, and the gallery exhibition, all while sipping on tea.

Hosted Art for Ethiopia, a fundraiser for the Ethiopian Orphan Relief where the organization raised over \$12,000. This non-profit organization assists orphans by providing supplies, infrastructure, and experiences to orphanages and adoption agencies in Ethiopia. WWA inspired passion for the art of photography by giving its constituents the opportunity to donate photographic works of art in support of monies raised, creating photographic memories of families by our top photographers, and collaborating with the organization to construct their facility in Addis Ababa, Ethiopia.

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2008

For calendar year 2008 or other tax year beginning _____, 2008,
and ending _____,
G See separate instructions.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(c)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A		<input type="checkbox"/> 529(a)		<p>Print or Type</p>	<p>Working With Artists 445 South Saulsbury St Lakewood, CO 80226</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D.) 84-1597046</p> <p>E Unrelated business activity codes (See instructions for Block E.)</p>
<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 220(e)										
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)										
<input type="checkbox"/> 408A											
<input type="checkbox"/> 529(a)											

<p>C Book value of all assets at end of year 48,060.</p>	<p>F Group exemption number (See instructions for Block F.) G</p> <p>G Check organization type G <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	---

H Describe the organization's primary unrelated business activity.
G

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? G Yes No
If 'Yes,' enter the name and identifying number of the parent corporation **G**

J The books are in care of **G Lydi a Vanderberg** Telephone number **G 303 477 4896**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance G	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		0.

Part III Tax Computation

35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. <input type="checkbox"/> G <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/> b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/> c Income tax on the amount on line 34 G 35c <input type="text"/> 0.		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) G 36 <input type="text"/>		
37	Proxy tax. See instructions G 37 <input type="text"/>		
38	Alternative minimum tax 38 <input type="text"/>		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 <input type="text"/> 0.		

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a <input type="text"/>		
b	Other credits (see instructions) 40b <input type="text"/>		
c	General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) G <input type="text"/> 40c <input type="text"/>		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d <input type="text"/>		
e	Total credits. Add lines 40a through 40d 40e <input type="text"/> 0.		
41	Subtract line 40e from line 39 41 <input type="text"/> 0.		
42	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 42 <input type="text"/>		
43	Total tax. Add lines 41 and 42 43 <input type="text"/> 0.		
44a	Payments: A 2007 overpayment credited to 2008 44a <input type="text"/>		
b	2008 estimated tax payments 44b <input type="text"/>		
c	Tax deposited with Form 8868 44c <input type="text"/>		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 44d <input type="text"/>		
e	Backup withholding (see instructions) 44e <input type="text"/>		
f	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="text"/> Total ... G 44f <input type="text"/>		
45	Total payments. Add lines 44a through 44f 45 <input type="text"/> 0.		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached G <input type="checkbox"/> 46 <input type="text"/>		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed G 47 <input type="text"/>		
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid G 48 <input type="text"/>		
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax G Refunded G 49 <input type="text"/>		

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1	At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here G <input type="text"/>	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year G \$ <input type="text"/> 0.		

Schedule A Cost of Goods Sold. Enter method of inventory valuation G

1	Inventory at beginning of year 1 <input type="text"/>	6	Inventory at end of year 6 <input type="text"/>
2	Purchases 2 <input type="text"/>	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 <input type="text"/>
3	Cost of labor 3 <input type="text"/>		
4a	Additional section 263A costs (attach schedule) 4a <input type="text"/>		
b	Other costs (attach sch) 4b <input type="text"/>		
5	Total. Add lines 1 through 4b 5 <input type="text"/>	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer G _____ Date _____ Title G _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only:

Preparer's signature: G James F Yureskes Date: _____

Firm's name (or yours if self-employed), address, and ZIP code: G CFM, P. C. 3110 S WADSWORTH BLVD STE 303 LAKEWOOD, CO 80227-4810

Check if self-employed: Preparer's SSN or PTIN: P00122561

EIN: 743017243 Phone no.: (303) 987-1091

Schedule C ' Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		2 Rent received or accrued	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). G

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) G

Schedule E ' Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)					
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Totals G							Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 G								

Schedule F ' Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).

Schedule G ' Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals..... G		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I ' Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals..... G		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

Schedule J ' Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))..... G						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I.....						
Totals, Part II (lines 1-5)..... G		Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).			Enter here and on page 1, Part II, line 27.

Schedule K ' Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14..... G			