

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific instructions.	C Name of organization COMPASSION & CHOICES ACTION NETWORK FKA END-OF-LIFE CHOICES		D Employer identification number 84-1328830
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 101810		E Telephone number 303-639-1202
		City or town, state or country, and ZIP + 4 DENVER, CO 80250-1810		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►

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

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ► **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ► **N/A**

G Website: ► **WWW.COMPASSIONANDCHOICES.ORG**

J Organization type (check only one) ► 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 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.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **640,463.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		142,524.	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 142,524. noncash \$)				1e 142,524.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2
	3 Membership dues and assessments				3 487,524.
	4 Interest on savings and temporary cash investments				4 80.
	5 Dividends and interest from securities				5
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a				6c	
7 Other investment income (describe)				7	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	8b				
b Less: cost or other basis and sales expenses	8b				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a				9c	
10 a Gross sales of inventory, less returns and allowances	10a		10,335.		
	b Less: cost of goods sold	10b	1,389.		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		STMT 1		10c 8,946.
11 Other revenue (from Part VII, line 103)				11	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 639,074.	
Expenses	13 Program services (from line 44, column (B))			13 320,619.	
	14 Management and general (from line 44, column (C))			14 31,819.	
	15 Fundraising (from line 44, column (D))			15 36,891.	
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses. Add lines 16 and 44, column (A)				17 389,329.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12			18 249,745.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 228,770.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20 1,091.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 479,606.	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	35,856.	21,871.	7,888.	6,097.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	134,003.	118,525.	13,575.	1,903.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28				
29 Payroll taxes 29				
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33				
34 Telephone 34				
35 Postage and shipping 35				
36 Occupancy 36				
37 Equipment rental and maintenance 37				
38 Printing and publications 38	20,927.	14,872.		6,055.
39 Travel 39	1,594.	112.	489.	993.
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42				
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 3 43g	196,949.	165,239.	9,867.	21,843.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	389,329.	320,619.	31,819.	36,891.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>THE ORGANIZATION OFFERS PROGRAMS AND PRODUCTS AND WORKS AT THE FEDERAL AND STATE LEVEL TO ADVOCATE AND HELP INSURE THAT ALL HOPELESSLY ILL AMERICANS HAVE ACCESS TO THE FULL RANGE OF END-OF-LIFE OPTIONS</u>	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>320,619.</u>
b _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>320,619.</u>

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	91,114.	45	345,398.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	3,219.	52	3,446.
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation	57b	57c		
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 5)	146,905.	58	147,343.	
59 Total assets (must equal line 74). Add lines 45 through 58	241,238.	59	496,187.	
Liabilities	60 Accounts payable and accrued expenses	12,468.	60	16,581.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities . Add lines 60 through 65	12,468.	66	16,581.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	228,770.	67	479,606.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	228,770.	73	479,606.	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73	241,238.	74	496,187.	

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ NONE		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	27
91 a	The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 303-639-1202 Located at ▶ 4100 EAST MISSISSIPPI, SUITE 700, DENVER, CO ZIP + 4 ▶ 80250		
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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					487,524.
95 Interest on savings and temporary cash investments ...			14	80.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					8,946.
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		80.	496,470.
105 Total (add line 104, columns (B), (D), and (E))					496,550.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	THE EDUCATION OF MEMBERS, CONFERENCES, GRANTS TO OTHER ORGANIZATIONS AND LEGISLATIVE LOBBYING ARE NECESSARY TO ADVOCATE PATIENT'S RIGHTS USING THE VARIOUS CHAPTERS LOCATED THROUGHOUT THE UNITED STATES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			

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.

Please Sign Here

Signature of officer: *Marcia A. Campbell CPA CFO* Date: *1/24/08*

Type or print name and title: *Marcia A. Campbell CPA CFO*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *1/16/08* Check if self-employed: Preparer's SSN or PTIN (See Gen. inst. X): *P00229252*

Firm's name (or yours if self-employed), address, and ZIP + 4: **BRADLEY, ALLEN & ASSOCIATES, LLP**
225 UNION BOULEVARD, SUITE 450
LAKEWOOD, CO 80228

EIN: **84-0993257** Phone no.: **303-988-1900**

Form 990 (2006)

FORM 990 INCOME AND COST OF GOODS SOLD STATEMENT 1
 INCLUDED ON PART I, LINE 10

INCOME

1. GROSS RECEIPTS	10,335	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		10,335
4. COST OF GOODS SOLD (LINE 13)	1,389	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		8,946

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	3,219	
7. MERCHANDISE PURCHASED	1,616	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		4,835
12. INVENTORY AT END OF YEAR	3,446	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		1,389

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAINS/LOSSES	1,091.
TOTAL TO FORM 990, PART I, LINE 20	1,091.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TECHNOLOGY/ DATA MANAGEMENT	4,973.		4,973.	
LEGISLATIVE ADVOCACY	60,000.	60,000.		
OUTSIDE SERVICES	114,639.	105,239.	1,764.	7,636.
STATE REGISTRATION FEES	3,153.		3,151.	2.
OPERATIONAL EXPENSES	1,558.		<21.>	1,579.
BANK FEES	9,720.			9,720.
OTHER TAXES	2.			2.
MEMBERSHIP COSTS	852.			852.
DEVELOPMENT COSTS	2,052.			2,052.
TOTAL TO FM 990, LN 43	196,949.	165,239.	9,867.	21,843.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO ENGAGE IN PROGRAMS TO PROMOTE EDUCATION OF MEMBERS, PROVIDE GRANTS TO OTHER ORGANIZATIONS & ASSIST VARIOUS CHAPTERS THROUGHOUT THE UNITED STATES WHO ADVOCATE PATIENT'S RIGHTS AND THEIR RIGHTS TO END OF LIFE CHOICES.

FORM 990	OTHER ASSETS	STATEMENT	5
DESCRIPTION		AMOUNT	
NET TO/FROM COMPASSION AND CHOICES		147,343.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		147,343.	

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DEBBI GIBBS PO BOX 101810 DENVER, CO 80250	BOARD MEMBER 5.00	0.	0.	0.
ROBERT BRODY, M.D. PO BOX 101810 DENVER, CO 80250	CHAIRMAN 3.00	0.	0.	0.
DR. JAMES LIEBERMAN, M.D. PO BOX 101810 DENVER, CO 80250	BOARD MEMBER 4.00	0.	0.	0.
CHRISTINE LOKER PO BOX 101810 DENVER, CO 80250	VICE CHAIR 9.00	0.	0.	0.
PAUL SPIERS PO BOX 101810 DENVER, CO 80250	BOARD MEMBER 9.00	0.	0.	0.
KIRK ROBINSON PO BOX 101810 DENVER, CO 80250	TREASURER 7.00	0.	0.	0.
FLORENT MORELLET PO BOX 101810 DENVER, CO 80250	BOARD MEMBER 7.00	0.	0.	0.
SYLVIA LAW PO BOX 101810 DENVER, CO 80250	BOARD MEMBER 2.00	0.	0.	0.

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ATTHEW A. NELSON O BOX 101810 ENVER, CO 80250	BOARD MEMBER 3.00	0.	0.	0.
ARSHA TEMPLE O BOX 101810 ENVER, CO 80250	EXECUTIVE DIRECTOR 40.00	0.	0.	0.
ARBARA COOMBS-LEE O BOX 101810 ENVER, CO 80250	PRESIDENT 40.00	0.	0.	0.
UDITH A. FLEMING O BOX 101810 ENVER, CO 80250	MANAGING DIRECTOR 40.00	9,733.	2,356.	0.
AUL WOLFSON O BOX 101810 ENVER, CO 80250	BOARD MEMBER 1.00	0.	0.	0.
EV. PAUL SMITH O BOX 101810 ENVER, CO 80250	BOARD MEMBER 4.00	0.	0.	0.
TAN ZANDT WILLIAMS O BOX 101810 ENVER, CO 80250	BOARD MEMBER 4.00	0.	0.	0.
RICHARD L VANDENBERG O BOX 101810 ENVER, CO 80250	BOARD MEMBER 4.00	0.	0.	0.
MARY IVENS O BOX 101810 ENVER, CO 80250	BOARD MEMBER 5.00	0.	0.	0.
BOB NIMMO O BOX 101810 ENVER, CO 80250	BOARD MEMBER 1.00	0.	0.	0.
LINDA LANAM O BOX 101810 ENVER, CO 80250	BOARD MEMBER 3.00	0.	0.	0.
JANE SANDERS O BOX 101810 ENVER, CO 80250	0.00	19,445.	4,322.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		29,178.	6,678.	0.

