

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990 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)

()	OMB No 1545-0047
	2006
	Open to Public
	Inspection

Department of the Treasury
Internal Revenue Service

	Shu		everlue Service		organization may have to use a	a copy of thi						inspection
		A	For the 2006 calendar	year, or	tax year beginning		01-01,	, 2006, a	nd ending	0	<u>6 - 3</u>	0, 20 06
ٔ `		В	Check if applicable	Please	C Name of organization					D Employer ide	ntificat	gon number
`.	OL NOTA JON 10		Address change	use IRS label or	Steamboat Spri	ngs Ed	lucation	n Fui	nd	84-1	256	891
-			Name change	print or	Number and street (or P O box if					E Telephone nu	mber	
2	\leq	$\bar{\sqcap}$	nitial return	type. See	Po Box 776047			1				9-9211
=	₹,	\equiv	Final return	Specific	City or town state or country an	d 7ID . 4				F Accounting m		
Œ	, 	\equiv	Amended return	instruc- tions.	Steamboat Spri		0 8047	7-60/	17			
5.2	3	\equiv								Other (spe		
B.	=	⊔ ′	Application pending		n 501(c)(3) organizations and 4947(a)(must attach a completed Schedule A			ľ		ble to section 527	-	
ري	١٤					(, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				eturn for affiliates		🗌 Yes 🗓 No
	्रि		1				,	H(b) If "	es " enter nu	umber of affiliates		>
3	· · · · · ·	Vebsite	• ►http://w		<u>eamboateducatio</u>	nfund.	org/	, ,	all affiliates		,	Yes No
800	<u> </u>	Organiza	ation type (check only one)	>	X 501(c)(3) ◀(insert no)	4947(a)(1)	or 527	١ ,		llist. See instruction	,	
	KC	heck h	nere 🕨 📙 if the org	anization is	s not a 509(a)(3) supporting organization	on and itsg	ross	org	anization cov	e return filed by ai vered by a group ru	iling?	Yes No
	r	eceipts	are normally not more tha	an \$25 000	A return is not required but if the or	ganization cho	oses	I Gro	up Exemptio	on Number 🕨		
	t	o file a	return be sure to file a cor	nplete retu	rn			M Ch	eck 🕨 🛚	ıf the organızatı	on is i	not required
	LC	ross re	eceipts Add lines 6b 8b 9	b and 10b	to line 12 ▶ 1,43	3,697		to	attach Sch	B (Form 990,	990-E	Z or 990-PF)
1	P	art I	Revenue, Exp	enses,	and Changes in Net A	ssets or	Fund Bala	nces	See the in	structions)		
		1	Contributions, gifts	grants, an	d similar amounts received							
		a	Contributions to don	or advise	d funds				1a			
		Ь	Direct public support	(not incl	uded on line 1a)			[1b			
		c			cluded on line 1a)			[1c			
		d			ants) (not included on line 1a)			[1d 1.3	357,460		
		e			d)(cash \$ 1,357,460	noncash \$					1e	1,357,460
1		2		_	iding government fees and cor			93)			2	1,33.,100
		3			ments	STATUT	E UNIT	30,			3	
		4			prary cash investments	RECE	IVED.				4	76,237
		5	Dividends and interes	RAG							5	10,237
			Gross rents	7		D MAIN) 7 2010 .	_i	6a		Ť	
			Less rental expenses			@@&	,	}	6b			
	R	[Net rental indome or		bractoffe 6b from line 6a .			ſ			6c	
	e	7	Other investment inc	/	1 7	. Lbk.R	raivum : Den				7	
	е п	82	Gross amount from				(A) Secur	ritios	·	(B) Other	·	
ı	u e		than inventory		"V. LIII		(A) Secur	11103	8a	(B) Other		
	·	h	•		sales expenses				8b			
I	1-1	l l			e)				8c			
1	•	_	, , ,, ,,		ne 8c, columns (A) and (B)						8d	
	_	9	-		attach schedule)If any amoun				\Box		ou .	
	9,0		Gross revenue (not in			t is ironi gai	ming, check i	nere P				
	20	4		Ų	\$ of 1b)			1	9a			
	20	_			an fundraising expenses			ļ				
	8 2	1			• •			_			0.	
:	JOL				cial events. Subtract line 9b fro						9c	
:	≼				returns and allowances							
	\bigcirc	þ	-					<u>_</u>				
	<u> </u>	C	-		s of inventory (attach schedule						10c	
1	<u></u>	11			ine 103)						11	
	€	12			2, 3 4 5, 6c. 7 8d, 9c, 10c, an			· · · · ·	• • • • •			1,433,697
	© E ⊗ ×	13			1 column (B))		REC					1,099,526
	⊌υ p e	14			m line 44, column (C))		The state of the s		7	7	14	12,984
	n s	15			ımn (D))				: <u>2</u> /		15	0
	DENNEOS Expenses	16	Payments to affiliates	(attach s	chedule)	· · · · / 谥/	h · JUK ·n	· • · · · ·	ું નહુન		16	
		17	Total expenses. Add	lines 16	and 44, column (A)	· · · · / · · /	 	4	<u> ç </u>	<u> </u>		1,112,510
	N e t	18	Excess or (deficit) for	the year	Subtract line 17 from line 12	[]	OCH	····	٠ چ ٠		18	321,187
	A	19			t beginning of year (from line 7			$\mathbf{W} \cdot \mathbf{II}$	~ ;=/.			2,993,041
	A s e t	20	_		r fund balances (attach explana			· • U	<i>∅. ∫</i> .		20	
	t _s	21	Net assets or fund ba	alances a	t end of year Combine lines 18	3, 19, and 20)		<u></u>	<u> </u>	21	3,314,228

Form 990 (2006) Steamboat	Springs	Education	Fund	84-1256891	Page 2
Part II Statement of	All organizat	ions must complete	column (A)	Columns (B), (C), and (D) are required for section 501((3) and (4)

84-1256891

Pa	Statement of All organizations must c Functional Expenses organizations and section					
	Do not include amounts reported on line			(B) Program	(C) Management	
	6b, 8b 9b, 10b, or 16 of Part I		(A) Total	services	and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule)	1				
	(cash \$ noncash \$)				
	If this amount includes foreign grants check here	22a				
22 b	Other grants and allocations (attach schedule) STM124				1	
	(cash \$ 1,099,526 noncash \$)				
	If this amount includes foreign grants check here	22b	1,099,526	1,099,526		
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25 a	Compensation of current officers, directors					
	key employees, etc. listed in Part V-A (attach		ļ			
	schedule)	25a				
b	Compensation of former officers, directors					
	key employees, etc. listed in Part V-B (attach					
	schedule)	25b				
С	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) (attach schedule)	25c	:			
26	Salaries and wages of employees not included					
	on lines 25a b and c	26				
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	7,109		7,109	
32	Legal fees	32	492		492	
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35	38		38	
36	Occupancy	36				
37	Equipment rental and maintenance	37		 		
38	Printing and publications	38				
39	Travel	39				
40	Conferences conventions and meetings	40				
41	Interest	41		-		
42	Depreciation depletion etc (attach schedule)	42		 		
43	Other expenses not covered above (itemize)	 -				
a	Bank Fees	43a	28		28	
ь	Insurance	43b	1,929		1,929	
-	Licenses & Permits	43c	10		10	
ď	Secretarial	43d	3,378		3,378	
e	00010001101	43e	3,3,5		3,3.3	
· f		43f		 	· · · · · · · · · · · · · · · · · · ·	
g		43g				
44	Total functional expenses. Add lines 22a through 43g	1.59	-			<u> </u>
77	(Organizations completing columns (B)-(D), carry these					
	totals to lines 13-15)	44	1 112 510	1,099,526	12,984	0
loin	totals to lines 13-15)	1 74	H, 112, 310	F, 000, 320	14, 304	L
	iny joint costs from a combined educational campaign and ful	ndraisi	na salicitation repor	ted in (B) Program co	ervices?	► T Vac T Na
	iny joint costs from a combined educational campaign and full is " enter (i) the aggregate amount of these joint costs \$	iuiaisi		nount allocated to Pro		. ► □ 162 □ NO
	he amount allocated to Management and general \$			mount allocated to Fro		
(111) (1	amount anocated to Management and general v		, and (IV) the al	TOURI Allocated to Ft	maraising #	Form 990 (2006)

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 organizations programs and accomplishments

All of o	nat is the organization's primary exempt purp organizations must describe their exempt pu clients served publications issued etc. Disc panizations and 4947(a)(1) nonexempt charita	rpose achieveme uss achievements	ents in a clear and concise manner s that are not measurable (Section	State the number n 501(c)(3) and (4)		Program Service Expenses (Required for 50 1(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
а	See SERVICES				_	
b	(Grants and allocations \$ See SERVICES	668,784) If this amount includes foreign	grants, check here		668,784
с	(Grants and allocations \$ See SERVICES	336,402) If this amount includes foreign	grants, check here		336,402
d	(Grants and allocations \$	94,340)If this amount includes foreign	grants, check here		94,340
	(Grants and allocations \$ Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign	grants check here		
f	Total of Program Service Expenses (shou	ıld equal line 44,			•	1,099,526
			EEA			Form 990 (2006)

L	Note:	Where required, attached schedules and amounts within the description	(A)		(B)
		column should be for end-of-year amounts only	Beginning of year		End of year
	45	Cash - non-interest-bearing	690,196	45	18,273
	46	Savings and temporary cash investments	2,585,149	46	4,022,414
			,		<u> </u>
	47 a	Accounts receivable			
	ь	Less allowance for doubtful accounts 47b		47c	
	48 a	Pledges receivable			
		Less allowance for doubtful accounts 48b		48c	
	49	Grants receivable	406,540	49	355,675
	50 a	Receivables from current and former officers directors, trustees and		1	, , , , , , , , , , , , , , , , , , ,
		key employees (attach schedule)		50a	
Α	ь	Receivables from other disqualified persons (as defined under section		1	
s		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50ь	
s	51 a	Other notes and loans receivable (attach			
е		schedule)			
t	ь	Less allowance for doubtful accounts 51b		51c	
s	52	Inventories for sale or use		52	
-	53	Prepaid expenses and deferred charges		53	
		Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
		Investments - other securities (attach schedule)		54b	
		Investments - land buildings and			
		equipment basis			
	ь	Less accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
	57 a	Land buildings and equipment basis 57a			
		Less accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets including program-related investments			
		(describe ▶		58	
	59	Total assets (must equal line 74) Add lines 45 through 58	3,681,885	59	4,396,362
	60	Accounts payable and accrued expenses	20,041	60	· · · · · · · · · · · · · · · · · · ·
i	61	Grants payable	668,803	61	1,082,134
a	62	Deferred revenue		62	
b	63	Loans from officers, directors, trustees, and key employees (attach			
-		schedule)		63	
- 1	64 a	Tax-exempt bond liabilities (attach schedule)		64a	
t	ь	Mortgages and other notes payable (attach schedule)	 	64b	
1	65	Other liabilities (describe)		65	
e s					
	66	Total liabilities. Add lines 60 through 65	688,844	66	1,082,134
	Orga	nizations that follow SFAS 117, check here ▶ 💢 and complete lines			
		67 through 69 and lines 73 and 74	2 002 041	_	2 214 220
i F	67	Unrestricted	2,993,041	67	3,314,228
u	68	Temporarily restricted	0	68 69	0
ď	69	nizations that do not follow SFAS 117, check here and	<u> </u>	69	U
В	Orga	complete lines 70 through 74			
a	70	Capital stock, trust principal, or current funds		70	
l a	70 71	Paid-in or capital surplus, or land building, and equipment fund		71	
n	72	Retained earnings endowment accumulated income, or other funds		72	
c e	73	Total net assets or fund balances. Add lines 67 through 69 or lines		-	
S	. •	70 through 72 (Column (A) must equal line 19 and column (B) must			
		equal line 21)	2,993,041	73	3,314,228
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,681,885	74	4,396,362

		84-	12568 <u>91</u> Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	r Return
	(See the instructions)		_
а	Total revenue gains, and other support per audited financial statements	a	1,433,697
b	Amounts included on line a but not on Part I line 12		
1	Net unrealized gains on investments		
2	Donated services and use of facilities		
3	Recoveries of prior year grants		
4	Other (specify)		
	b4		
	Add lines b1 through b4	ь	
С	Subtract line b from line a	С	1,433,697
d	Amounts included on Part I line 12 but not on line a:		
1	Investment expenses not included on Part I, line 6b		
2	Other (specify)		
	d2		
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	1,433,697
Pa	rt IV-B Reconciliation of Expenses per Audited Financial Statements With Expense	s pe	r Return
a	Total expenses and losses per audited financial statements	а	1,112,510
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities		
2	Prior year adjustments reported on Part I line 20		
3	Losses reported on Part I, line 20		
4	Other (specify)		
	b4		
	Add lines b1 through b4	b	
С	Subtract line b from line a	С	1,112,510
d	Amounts included on Part I line 17 but not on line a:		
1	Investment expenses not included on Part I line 6b		
2	Other (specify)		
	d2		
	Add lines d1 and d2	d	
е	Total expenses (Part I. line 17) Add lines c and d	е	1,112,510
Pa	rt V-A Current Officers, Directors, Trustees, and Key Employees (List each person who	was a	n officer director,

trustee o	r key employee at any t	ime during th	ne year even i	f they were not co	mpensated) (See		
(A) Name and address			(B) (C) Comper (I) Name and address Title and average hours per week devoted to position —O)			(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mark Andersen			Presi	dent			
PO Box 776047	Steamboat	s cc	80477	5	0	0	0
Kristi Brown			Vice	Presiden			
PO Box 776047	Steamboat	s cc	80477	3	0	o	0
Tom Ptach			Treas	urer			
PO Box 776047	Steamboat	s cc	80477	1	0	0	0
Sue MacCarthy			Secre	tary			
PO Box 776047	Steamboat	s cc	80477	1	0	0	0
Carolyn Peterson			Board	Member			
PO Box 776047	Steamboat	s cc	80477	1	0	0	0
Michael Loomis			Board	Member			
PO Box 776047	Steamboat	s cc	80477	1	0	0	0
Roger Good			Board	Member			
PO Box 776047	Steamboat	s cc	80477	1	0	0	0
Paige Boucher			Board	Member			
PO Box 776047	Steamboat	s cc	80477	1	0	0	0
Robin Crossan			Board	Member		_	
PO Box 776047	Steamboat	s cc	80477	1	0	0	0
Denise Connelly	·		Board	Member			
PO Box 776047	Steamboat	s cc	80477	1	0	0	0

Form	1990 (2006) Steamboat Springs Educati	on Fund		84-125689	91	Pa	age 6
Pa	rt V-A Current Officers, Directors, Trustees, a	nd Key Employees	S (continued)			Yes	No
75 a	Enter the total number of officers, directors and trustees perm	itted to vote on organizat	tion business at bo	ard			
	meetings			11			
b	Are any officers directors trustees, or key employees listed in	Form 990, Part V-A, or h	nighest compensat	ed			
	employees listed in Schedule A, Part I, or highest compensated	d professional and other	ındependent				
	contractors listed in Schedule A. Part II-A or II-B. related to ea	ch other through family o	or business				
	relationships? If "Yes " attach a statement that identifies the ind	lividuals and explains the	e relationship(s).		75b	j	X
С		·	•				
	compensated employees listed in Schedule A, Part I, or highes		•				l
	independent contractors listed in Schedule A, Part II-A or II-B						l
	organizations whether tax exempt or taxable, that are related t	o the organization? See	the instructions for				l
	the definition of 'related organization"				75c		Х
	If "Yes" attach a statement that includes the information descri	bed in the instructions					
d	Does the organization have a written conflict of interest policy?				75d	Ì	Х
	rt V-B Former Officers, Directors, Trustees, a				on or	Othe	
	Benefits (If any former officer, director, trustee, or			•			
	during the year, list that person below and enter the					0.011,	
	See the instructions)	amount or compensation	Tor other benefits	iii tile appropriate e	Ciaiiiii		
	ood the management y		(C) Compensation	(D) Contributions to	(E)	Expens	——-
	(A) Name and address	(B) Loans and Advances	(if not paid enter -0-)	employee benefit plans & deferred		nt and c owance	
			enter sosy	compensation plans	- 411	Owance	
		-					
-							
	7277						
Pa	rt VI Other Information (See the instructions)					Yes	No
76	Did the organization make a change in its activities or methods	of conducting activities?	If "Yes." attach a				
	detailed statement of each change				76		X
77	Were any changes made in the organizing or governing docum	nents not reported to the	IRS?		77		X
	If "Yes," attach a conformed copy of the changes						
78 a	Did the organization have unrelated business gross income of	\$1,000 or more during th	ne year covered by				
	this return?	•			78a	İ	Х
b	If "Yes" has it filed a tax return on Form 990-T for this year?				78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial					/	
	a statement	• ,			79		Х
80 a	Is the organization related (other than by association with a state						
	common membership, governing bodies, trustees officers, etc	•					
	organization?	•	•		80a		Х
h	If 'Yes," enter the name of the organization				ova		
-		and check whether it is	s D evemnt ar	nonexempt			
81 a	Enter direct and indirect political expenditures (See line 81 inst			☐ Hottexempt			
	Did the organization file Form 1120-POL for this year?				81ь	NT / N	
	The organization me total rice rot for this year.	<u> </u>	· · · · · · · · · · · ·	<u></u>	1010	LV / A	

Form	990 (2006) Steamboat Springs Education Fund 84-1256	891	Pag	je 7
	t 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?	82a		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	ŀ		
	(See instructions in Part III)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If Yes did the organization include with every solicitation an express statement that such contributions or	i		
	gifts were not tax deductible?	84b	N/A	
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	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			
С	Dues, assessments, and similar amounts from members 85c		,	
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a	ļ		
b	Gross receipts included on line 12, for public use of club facilities			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
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	88a		<u>X</u>
b	At any time during the year, did the organization, directly or indirectly own a controlled entity within the			3.7
	meaning of section 512(b)(13)? If "Yes 'complete Part XI	88b		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶ section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs 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	001		v
	a statement explaining each transaction	89b		<u>X</u>
С	Enter Amount of tax imposed on the organization managers or disqualified			
له.	persons during the year under sections 4912, 4955, and 4958			
	Enter Amount of tax on line 89c, above, reimbursed by the organization			
е	transaction?	000		v
	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?			<u>X</u>
t	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	031		
9	supporting organizations and sportsoring organizations maintaining donor advised funds. Did the			
		89g		Х
90 -	List the states with which a copy of this return is filed >	039	L1	
	Number of employees employed in the pay period that includes March 12 2006 (See			
D	Instructions)			
91 a	The books are in care of ▶% Paul Strong Telephone no ▶ 970-879	- 92	11	
JId	Located at ▶ 600 Lincoln Avenue Steamboat Sprg CO ZIP+4 ▶ 80487			
h	At any time during the calendar year did the organization have an interest in or a signature or other authority			
5	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91h		X
	If "Yes," enter the name of the foreign country	::		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			

	er Information (conti						Yes
,	ring the calendar year, did	•	maintain an office outs	ide of the United S	States?	[9	1c
	the name of the foreign cou			·			_
	a)(1) nonexempt charitable					1	▶ [
	amount of tax-exempt inter				▶ 92	?	
Part VII Ana	lysis of Income-Pro	ducing Activ	ities (See the instruct	ions)	<u>,</u>		
Note: Enter gross ar	nounts unless otherwise	Unrelate	d business income	Excluded by	section 512 513 or 514		(E)
ındıcated		(A)	(B)	(c)	(D)		elated or npt function
93 Program servi	ce revenue	Business code	Amount	Exclusion code	Amount		ıncome
a							
b							
c							
d							
e							
f Medicare/Med	icaid payments						
-	ts from government agencies				·		
•	ues and assessments						
	s & temporary cash investments						76,2
	interest from securities .	ļ	ra				
	or (loss) from real estate						
	property				······································		
	ced property						
	or (loss) from personal property						
	ent income n sales of assets other						
•	(loss) from special events						
O2 Gross profit or (lo	oss) from sales of inventory						
03 Other revenue	a						
b							
С							
d							
е							
34 Subtotal (add	columns (B). (D), and (E))						76,2
05 Total (add line	104, columns (B), (D), and	(E))			>		76,2
	ne 1e Part I should equal						
Part VIII Rela	tionship of Activities	to the Acco	mplishment of Ex	cempt Purpos	es (See the instruc	tions)	
	how each activity for which				importantly to the ad	ccomplishment	
▼ of the c	rganization's exempt purpo	oses (other than l	by providing funds for :	such purposes)			
•							
,				····			
=	··· =		4	1 1 =			
	mation Regarding Ta				See the instruct		
Name, ad	(A) dress, and EIN of corporation	on,	(B) Percentage of	(C) Nature of a	activities To	(D) otal income	(E) End-of-ye
partnei	ship or disregarded entity		ownership interest	· · · · · · · · · · · · · · · · · ·			assets
			%				
			%				
			%				
			%				
⊃art X Infor	mation Regarding Tr						
- / \	rantion during the year re-	some any funds	directly or indirectly to	nav promiume on	a nersonal henefit of	ontract?	Yes 🗓
(a) Did the organ (b) Did the organ	ization, during the year, rec ization, during the year, pa	-					Yes 🔀

					Yes	No
	I the reporting organization make any transf · Code? If "Yes" complete the schedule belo		d in section 512(b)(13) of			X
trie	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o	D) f trans	
а						
b						
с						
	Totals					
	the reporting organization receive any tran				Yes	No
512	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(I Amount o	D) f trans	X fer
a					-	
ь						
c						
	Totals					
	the organization have a binding written corts royalties, and annuities described in que	-	covering the interest,		Yes	No X
Please Sign	Under penalties of periory I feclare that I have estand belief it is true competed and complete. Declar	(amined this return including accompany ration of preparer (other than officer) is k	ring schedules and statements a pased on all information of which	preparer has any knowledg	e	
Here	Signature of officer Mark Andersen, Pro Type or print name and title	esident		Date		_
Paid Preparer's	Preparer s signature		-2010 self- employed ▶ □	Preparer's SSN or PTIN (Se		nst X)
Jse Only	if self-employed) PO Box 4		Phone r 477 - 6189	<i>84-15061</i> no ► 970-879-921		
		20 0022132, 00 00	EEA		990 (2	>

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

(See page 2 of the instructions. List each one. If there are none enter "None.") (a) Nane and address of each employee paid more than \$50,000 ★ Compensation Compensa	wante of the organization			Employer identification	Indinaci
Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees See page 2 of the structuons List each one If there are none enter "None"	Steamboat Springs Education	Fund		84-1256891	
NONE (a) Name and address of each independent contractor paid more than \$50 000 For III-B (Compensation of the Five Highest Paid Independent Contractors for Professional Services (b) Type of Service (c) Type of Service (c) Type of Service (c) Compensation of the Five Highest Paid Independent Contractors for Professional Services (c) Name and address of each independent contractor paid more than \$50 000 (c) Type of Service (c) Compensation of the Five Highest Paid Independent Contractors for Other Services (c) Type of Service (c) Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services either than professional services, whether individuals or firms if there are none, enter "None" See page 2 of the instructions) NONE (a) Name and address of each independent contractor paid more than \$50 000 (b) Type of Service (c) Compensation (c) Compensation (d) Type of Service (d) Compensation (d) Type of Service (d) Compensation	Part I Compensation of the Five High	est Paid Employees Ot		ers, Directors, an	d Trustees
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"			(c) Compensation	employee benefit plans &	account and other
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"				•	
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"					
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"					
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"		<u>,</u>			
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"		<u> </u>			
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"		<u> </u>			
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"					
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter 'None') NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation fotal number of others receiving over \$50,000 for professional services					
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"		<u> </u>			
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None"	Total number of other employees paid over \$50,000 ▶	<u> </u>			
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Fotal number of others receiving over \$50,000 for professional services		est Paid Independent C	ontractors for	Professional Ser	vices
NONE (a) Name and address of each independent contractor paid more than \$50 000 (b) Type of service (c) Compensation [Fotal number of others receiving over \$50 000 for professional services					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation	170119				(c) Compensation
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation		· · · · · · · · · · · · · · · · · · ·			
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation		, , , , , , , , , , , , , , , , , , , ,			
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation	Total number of others receiving over \$50,000 for	<u> </u>			
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms if there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation	_				
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation		est Paid Independent C	ontractors for	Other Services	
firms If there are none, enter "None" See page 2 of the instructions) NONE (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation					
otal number of other contractors receiving over	NONE (a) Name and address of each independent contractor	r paid more than \$50 000	(b) Type	of service	(c) Compensation
Total number of other contractors receiving over					
otal number of other contractors receiving over					
otal number of other contractors receiving over					
otal number of other contractors receiving over					
otal number of other contractors receiving over					
otal number of other contractors receiving over		· · · · · · · · · · · · · · · · · · ·			
otal number of other contractors receiving over		 			
otal number of other contractors receiving over		-			
otal number of other contractors receiving over					
The control of the co	Total number of other contractors receiving over	· · · · · · · · · · · · · · · · · · ·			

\$50 000 for other services

Steamboat Springs Education Fund Schedule A (Form 990 or 990-EZ) 2006

Page 2

Pa	Tt III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A or line i of Part VI-B)	1		Х
	Tall VI-A Of life For Fall VI-D /	<u> </u>		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees directors officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer director trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes" attach a detailed statement explaining the transactions)			
a	Sale exchange or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods services or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	_	X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships fellowships student loans, etc ? (If "Yes" attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	3a		<u>X</u>
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		<u>X</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space the environment historic land areas or historic structures? If "Yes," attach a detailed statement	3с		Х
	Space the environment historic land areas of historic structures. If Tes, attach a detailed statement	30		
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes." complete lines 4b through 4g. If "No" complete			
L	lines 4f and 4g	4a 4b		$\frac{X}{X}$
D	Uid the digarilization make any taxable distributions under section 4300 · · · · · · · · · · · · · · · · · ·	40		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Part I	IV Reason for Non-Private F	Foundation Status	(See pages 4 through 7	of the instru	ictions)		
l certify	that the organization is not a private four	ndation because it is (Pl	ease check only ONE ap	plicable box	:)		
5	A church convention of churches, or a	association of churches	Section 170(b)(1)(A)(ı)				
6	A school Section 170(b)(1)(A)(ii) (Also	o complete Part V)					
7	A hospital or a cooperative hospital se	rvice organization Secti	ion 170(b)(1)(A)(iii)				
8 _	A federal state, or local government o	r governmental unit Sec	ction 170(b)(1)(A)(v)				
9 [A medical research organization opera	ated in conjunction with	a hospital Section 170(b	b)(1)(A)(III) E	nter the hosp	oital's name, city,	
10	An organization operated for the bene (Also complete the Support Schedule	•	sity owned or operated b	oy a governm	nental unit Se	ction 170(b)(1)(A)(iv)	
11a 🏻	An organization that normally receives 170(b)(1)(A)(vi) (Also complete the Su	·	• •	ental unit or	from the gene	eral public Section	
11b [A community trust Section 170(b)(1)(A	A)(vi) (Also complete the	e Support Schedule in F	Part IV-A)			
13	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable etc. functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that descibes the type of supporting organization. 13 Type I. Type III. Type IIII. Type IIII. Type IIII.						
	Provide the following infor	mation about the supp	orted organizations. (S				
N:	(a) Name(s) of supported organization(s) (b) Employer identification number (EIN) (b) (c) Type of Is the supported organization listed in number (described in lines 5 through 12 above or IRC section) (d) (e) Amount of support organization organization listed in support organization's documents?						
 ,				Yes	No		
Total					▶		
						,	
14	An organization organized and operate	ed to test for public safe	ty Section 509(a)(4) (Se	ee page 7 of	the instruction	ns /	

	rt IV-A Support Schedule (Complete on					nting.
	: You may use the worksheet in the instructions for	converting from the	accrual to the ca	sh method of acco	unting	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants and contributions received (Do					-
	not include unusual grants See line 28)					0
16	Membership fees received		-			0
17	Gross receipts from admissions merchandise sold or services performed or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc. purpose · · · ·					0
18	Gross income from interest, dividends,					
	amounts received from payments on securities loans (section 512(a)(5)), rents royalties and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30 1975	90,395	37,114	42,568	70,621	240,698
19	Net income from unrelated business					
	activities not included in line 18					0
20	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					
		2,381,308	2,195,829	1,948,534	1,889,093	8 <u>,414,764</u>
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					0
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets					0
23				1,991,102		
24				1,991,102		3,655,462
25	Enter 1% of line 23			19,911		
26	Organizations described on lines 10 or 11: a E				▶ 26a	173,109
ь	Prepare a list for your records to show the name of				1 1	
	governmental unit or publicly supported organization	_	_		1 1	
	amount shown in line 26a Do not file this list with	•				
С	Total support for section 509(a)(1) test Enter line 2				▶ 26c	3,655,462
d	•	240,698	19	0		
	22	0	26b	<u> </u>		240,698
е	Public support (line 26c minus line 26d total)					3,414,764
f	Public support percentage (line 26e (numerator)					97.22%
27	Organizations described on line 12: a For amorperson," prepare a list for your records to show the Do not file this list with your return. Enter the sur	name of, and tota	amounts received	that were received d in each year from	from a "disqualifie i, each "disqualified	d d person '
	(2005) (2004) For any amount included in line 17 that was received		(2003)		(2002)	
b	For any amount included in line 17 that was receive show the name of and amount received for each y (Include in the list organizations described in lines! the inference between the amount received and the amounts) for each year	ear, that was more 5 through 11b as v	than the larger of vell as individuals	f (1) the amount or) Do not f ile this li	n line 25 for the yea i st with your retur	ar or (2) \$5 000 rn. After computing
	(2005) (2004)					
С	Add Amounts from column (e) for lines 15 17 20 Add Line 27a total		16			
Ū	17 20		21		▶ 27c	
d	Add Line 27a total	and line 27h total	21		274	
e	Public support (line 27c total minus line 27d total) .	and line 27b total .	•		> 27a	
f	Total support for section 509(a)(2) test. Enter amou	<i></i>			4/6	
g	Public support percentage (line 27e (numerator)					0.7
y h	Investment income percentage (line 18, column	=				%
<u>''</u> 28	Unusual Grants: For an organization described in					
	prepare a list for your records to show, for each year			-		
	description of the nature of the grant Do not file th				•	iiei

	edule A (Form 990 or 990-EZ) 2006		P	age 5
Pa	Private School Questionnaire (See page 9 of the instructions)			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		V	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
3 0	other governing instrument, or in a resolution of its governing body?	23		
30	brochures catalogues and other written communications with the public dealing with student admissions			
	programs and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe if "No ' please explain (If you need more space attach a separate statement)			
20				
32	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	JLa	-	
	basis?	32b		
С	Copies of all catalogues, brochures announcements and other written communications to the public dealing	-		
	with student admissions programs and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students rights or privileges?	33a		
_		1332		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
-	Educational policies	336		
f	Use of facilities?	33f		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	2-		
	of Rev Proc 75-50. 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006 Page 6 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions) (To be completed ONLY by an eliqible organization that filed Form 5768) Check ► a If the organization belongs to an affiliated group. Check ▶ b if you checked "a" and "limited control" provisions apply (a) Affiliated group (b) To be completed Limits on Lobbying Expenditures totals for all electing organizations (The term expenditures" means amounts paid or incurred) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 38 39 39 40 40 41 Lobbying nontaxable amount. Enter the amount from the following table-If the amount on line 40 is-The lobbying nontaxable amount is-Not over \$500,000 20% of the amount on line 40 Over \$500 000 but not over \$1 000 000 . . \$100 000 plus 15% of the excess over \$500 000 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000 000 41 Over \$1 500 000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1 500,000 42 42 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 0 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) fiscal year beginning in) ▶ 2006 2005 2004 2003 Total Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) . Total lobbying expenditures Grassroots nontaxable amount 48 49 Grassroots ceiling amount (150% of line 48(e)). 50 Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of Paid staff or management (Include compensation in expenses reported on lines c through h.) ь 0 Rallies, demonstrations seminars, conventions, speeches, lectures, or any other means 0

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

		. (5	. 0000 Ch a a	de contract de la con	and an Drawal OA 10	25.00		_
	t Vi	Information Re	garding Tra	boat Springs Educ insfers To and Transaction page 13 of the instructions)	ns and Relationships With Non-	25689 charita		age 7
51	Did				ng with any other organization described i	n costion		
J 1			·	, • • •	ng with any other organization described in 7, relating to political organizations?	i section		
_				a noncharitable exempt organization			Yes	No
a		•	•	. •		51a(i)	165	X
						a(ii)	├	X
L		er transactions				<u>a(II)</u>	 	
b						b(i)		Х
		•		, ,		b(ii)		X
				· •		b(iii)		X
						b(iv)		X
						b(v)		X
	,	•				b(vi)	 	X
_						C D(VI)	-	X
d		_	_		umn (b) should always show the fair mar		of the	
u		· ·			nization received less than fair market val		oi trie	
	-		-		, other assets or services received	ue in any		
		(b)	Jernent, snow in					
(a Line		Amount involved	Name of p	(c) oncharitable exempt organization	(d) Description of transfers, transactions and si		aaman	
Lille	110	Amountmoved	Name of the	Sticharitable exempt organization	Description of transfers, transactions and si	Taring arrai	igemen	.5
-							·	
								
								
52a	Ic the	organization directly or	r indirectly affiliat	ted with, or related to, one or more	toy everent everenteers			
JEU		•	•	er than section 501(c)(3)) or in sect	, 5	Yes	v	No
h		es " complete the following		er than section 50 NC/(5/) or in sect	1011 327	les	Λ	NO
	" ' '	(a)	ng schedule	(b)	(a)			
		* *			(c)			
		Name of organization		Type of organization	Description of relations	sill þ		
		· · ·-·						
					l			
				· · · · · · · · · · · · · · · · · · ·			_	

Federal Supporting Statements	2006 PG01
Name(s) as shown on return	FEIN
Steamboat Springs Education Fund	84-1256891

Short Year Return

STMT 100

Unformatted Statement

The Steamboat Springs Education Fund is electing to change its fiscal year to July 1st through June 30th with this return. A fiscal year matching the school year is appropriate considering the exempt purposed of the organization. It will enable better tracking of the educational grants

ن

PG 01

Relationship

FORM 990, PART II, LINE 22 CASH GRANTS PAID SCHEDULE Statement #124

Activity Education 1,099,526
Recipient Steamboat Springs School District

Address PO Box 774368

City,St Zip Steamboat Springs CO 80477

TOTAL 1,099,526

	Statement of Program Service Accomplishments	2006 01
Name(s) as shown on return	Your Social Security Number	
Steamboat S	prings Education Fund	84-1256891

FORM 990, PART III (a)

Grants and Allocations \$668784 Program Service Expenses \$668784 Includes Foreign Grants NO

Explanation

Expenditures to increase staffing and improve the educational excellence of Routt County public shools.

	Statement of Program Service Accomplishments	2006 01
Name(s) as shown on return	Your Social Security Number	
Steamboat Sp	orings Education Fund	84-1256891

FORM 990, PART III (b)

Grants and Allocations \$336402 Program Service Expenses \$336402 Includes Foreign Grants NO

Explanation

Expenditures for the acquisition of advanced computer technology applicable to educational programs at Routt County public schools and for training personnel to toach and operate the new technology.

Statement of Program Service Accomplishments	2006 01
Name(s) as shown on return	Your Social Security Number
Steamboat Springs Education Fund	84-1256891

FORM 990, PART III (c)

Grants and Allocations \$94340 Program Service Expenses \$94340 Includes Foreign Grants NO

Explanation

Expenditures for acquisition of capital items to aid Routt County public schools