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ENVELOPE POSTMARK DATE MAR 02 2012

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 31, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: DISTRICT TWELVE EDUCATORS' ASSOCIATION. D Employer identification number: 84-0614592. E Telephone number: (303) 457-3324. F Group Exemption Number.

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. H Check if the organization is not required to attach Schedule B.

I Website: WWW.DISTRICT12EA.ORG

J Organization type: 501(c)(5)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

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. Total: \$ 128931.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 128931. Expenses total: 259075. Net assets total: 751491.

Part II Balance Sheets

Table with 27 rows for Balance Sheets. Total assets: 971274. Total liabilities: 89639. Net assets: 881635.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

SCANNED MAR 28 2012

RECEIVED MAR 05 2012

9-5

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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 **SEE STATEMENT 4**

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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 & deferred compensation	(e) Expense account and other allowances
GINA AUTOBEE, 1235 W. 124TH #101, WESTMINSTER, CO 80234	PRESIDENT 40.00	45014.	0.	0.
AMIE BACA, 1235 W. 124TH #101, WESTMINSTER, CO 80234	COORDINATOR 40.00	39678.	0.	0.
YVONNE BRADFORD, 1235 W. 124TH #101, WESTMINSTER, CO 80234	COORDINATOR 40.00	32004.	0.	0.
JENNIFER SCHMULDT, 1235 W. 124TH #101, WESTMINSTER, CO 80234	SECRETARY 1.00	0.	0.	0.
DAWN PETERSON, 1235 W. 124TH #101, WESTMINSTER, CO 80234	TREASURER 1.00	0.	0.	0.
DEBBIE DARVILL, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
SHERYL HOLLINGSWORTH, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
DIANE STREVEY, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
SHELLY DEROCK, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
PAULA DICKERSON, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
MELINDA YOUNGER, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
PATRICK HAMMOND, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
MISSY SALTER, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
MATT OEHLERT, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
MARC VIDULICH, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
ANTONIO ESQUIBEL, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		0.
37b	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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter.		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 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	
40b	Section 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	N/A	
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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	NONE	
42a	The books are in care of	THE ORGANIZATION Telephone no (303) 457-3324	
	Located at	1235 W. 124TH AVE., WESTMINSTER, CO ZIP + 4 80234-1725	
42b	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)?		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.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/> N/A
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.

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 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 & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶				

- 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"
- N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 ▶		

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

Amie Baca
Signature of officer *3/1/12*
Date

Amie Baca, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *John T. Erwin, CPA* Date *2-27-12* Check if self-employed Preparer's Identifying Number (See instr)

Firm's name (or yours if self-employed) **BRUCE S. HELLERSTEIN & ASSOCIATES, P.C.** EIN ▶

address, and ZIP + 4 **1940 BLAKE ST. #103** Phone no

DENVER, CO 80202 **(303) 226-5467**

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
COMMUNITY/EDUCATIONAL RELATIONS		1800.	
LEADERSHIP TRAINING/WORKSHOP		845.	
MISCELLANEOUS		1980.	
LEGISLATION		7717.	
MEETINGS		9786.	
ADMINISTRATIVE EXPENSES		77829.	
TELEPHONE		2525.	
NATIONAL ASSEMBLY		6966.	
NCUEA		300.	
NEGOTIATIONS		4700.	
TOTAL TO FORM 990-EZ, LINE 16		114448.	

FOOTNOTES	STATEMENT	2
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THE PRESIDENT AND COORDINATORS ARE EMPLOYEES OF ADAMS TWELVE FIVE STAR SCHOOLS AND RECEIVE W-2S AND ALL BENEFITS FROM THE SCHOOL DISTRICT. THE ASSOCIATION PAYS THE DISTRICT AN AGREED UPON RATE FOR THE SERVICES OF THESE OFFICERS. THE AMOUNTS OWED TO THE DISTRICT AS WELL AS ANY DIRECT COMPENSATION PAID TO THE OFFICERS IS INCLUDED IN OFFICER COMPENSATION LISTED IN PART IV.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE ORGANIZATION NEGOTIATED CONTRACTS ON BEHALF OF THE MEMBERSHIP,
REPRESENTED THE MEMBERSHIP AT STATE AND FEDERAL ASSEMBLIES AND PROVIDED
DIRECT SERVICES TO THE MEMBERS, SUCH AS TRAINING.

THE ORGANIZATION IS A LABOR ORGANIZATION THAT ADVOCATES FOR THE INTERESTS OF PUBLIC EDUCATION EMPLOYEES AND PROMOTES QUALITY PUBLIC EDUCATION ON BEHALF OF THE MEMBERSHIP.

Form **2848**

(Rev. June 2008)

Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Type or print. ▶ See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

Part I

Power of Attorney

Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer name(s) and address

DISTRICT TWELVE EDUCATORS' ASSOCIATION
1235 W. 124TH AVE., NO. 101
WESTMINSTER, CO 80234-1725

Social security number(s)

Daytime (telephone number)

(303) 457-3324

Employer identification number

84-0614592

Plan number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

JOHN T. ENNIS, CPA
1940 BLAKE STREET #103
DENVER, CO 80202

CAF No. 0305-48157R

Telephone No. (303) 226-5467

Fax No. (303) 997-8468

Check if new: Address Telephone No. Fax No.

Name and address

BRUCE S. HELLERSTEIN, CPA
1940 BLAKE STREET #103
DENVER, CO 80202

CAF No. 0301-45953R

Telephone No. (303) 226-5467

Fax No. (303) 997-8468

Check if new: Address Telephone No. Fax No.

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address Telephone No. Fax No.

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)
EXEMPT ORGANIZATION RETURNS	990	2006 - 2011

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check

this box. See the instructions for Line 4. Specific Uses Not Recorded on CAF.

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, or additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 1 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks,

initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ▶

Form 2848 (Rev. 6-2008)

DISTRICT TWELVE EDUCATORS' ASSOCIATION

84-0614592

Page 2

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2

a If you also want the second representative listed to receive a copy of notices and communications, check this box

b If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Amie Baca

Signature

2/22/12

Date

PRESIDENT

Title (if applicable)

AMIE BACA

Print Name

PIN Number

DISTRICT TWELVE EDUCATORS' ASSOCIATION

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

PIN Number

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels K and J), see the instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 1 of the instructions.
 - k Student Attorney - student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
 - l Student CPA - student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(a)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation - Insert above letter (a-r)	Jurisdiction (state) or Identification	Signature	Date
B	COLORADO #15886	<i>John T. ... CPA</i>	2-15-12
B	COLORADO #2851	<i>Dr. J. ... CPA</i>	2-15-12