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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

2009

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, 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 (Form 990, 990-EZ, or 990-PF).

I Website: WWW.DISTRICT12EA.ORG

J Tax-exempt status (check only one) - 501(c) (5)

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

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. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 386269.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 386269. Expenses total: 236852. Net assets at end of year: 918527.

Part II Balance Sheets (See the instructions for Part II)

Table with 7 rows for Balance Sheets. Total assets: 844990. Total liabilities: 93500. Net assets: 918527.

932177 02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Handwritten mark resembling a stylized 'A' or '2'.

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

What is the organization's primary exempt purpose? SEE STATEMENT 6

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, and other relevant information for each program title.

28 SEE STATEMENT 5

(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	42650.	0.	0.
AMIE BACA, 1235 W. 124TH #101, WESTMINSTER, CO 80234	COORDINATOR 40.00	42484.	0.	0.
YVONNE BRADFORD, 1235 W. 124TH #101, WESTMINSTER, CO 80234	COORDINATOR 40.00	34460.	0.	0.
CAROLYN LEHMAN, 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.
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.
DAVE ANDERSON, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
JEAN MILLAR, 1235 W. 124TH #101, WESTMINSTER, CO 80234	EXECUTIVE MEMBER 1.00	0.	0.	0.
JENNIFER SCHMULDT, 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.
ANTONIO ESQUIBEL, 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.
ANDREW MORSS, 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 V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 outstanding at the end 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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	N/A	
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	N/A	
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 organization's books are in care of	THE ORGANIZATION	
	Located at	1235 W. 124TH AVE., WESTMINSTER, CO	
	Telephone no	(303) 457-3324	
	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"/>
		43	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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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 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 a section 527 organization?
50 Complete this table for the organization's 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"

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table for line 50: (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.

- f Total number of other employees paid over \$100,000
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table for line 51: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

- d Total number of other independent contractors each receiving over \$100,000

Sign Here: 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. Signature of officer: Amie Baca, President. Date: 3/1/12.

Paid Preparer's Use Only: Preparer's signature: John T. Emmit, CPA; Date: 2-27-12; Check if self-employed: []; Preparer's identifying number: []; Firm's name: BRUCE S. HELLERSTEIN & ASSOCIATES, P.C.; address: 1940 BLAKE ST. #103 DENVER, CO 80202; EIN: []; Phone no: (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 LEADERSHIP TRAINING/WORKSHOP MEETINGS		5215.	
ADMINISTRATIVE EXPENSES		300.	
TELEPHONE		9176.	
DELEGATE ASSEMBLY		33845.	
DUES		2721.	
NEGOTIATIONS		4117.	
		365.	
		5315.	
TOTAL TO FORM 990-EZ, LINE 16		61054.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
ADJUSTMENT FOR BANK CD HELD BY THE ASSOCIATION		17620.	
TOTAL TO FORM 990-EZ, LINE 20		17620.	

FOOTNOTES	STATEMENT	3
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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 4

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