Form **990** Department of the Treasury Internal Revenue Service

# 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)**

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

OMB No 1545-0047 **2009** Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning** OCT 1, 2009 **and ending** SEP 30, 2010

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Energy Outreach Colorado

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 225 E 16th Ave — Room/suite: 200

City or town, state or country, and ZIP + 4: Denver, CO 80203-1612

**D Employer identification number** 74-2543881

**E** Telephone number 303-825-8750

**G** Gross receipts $ 16,161,822.

F Name and address of principal officer: Sanders Arnold same as C above

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

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c) ( 3 ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

**J Website: ▶** www.energyoutreach.org

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ — L Year of formation: 1989 — M State of legal domicile: CO

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: To help low-income Coloradans afford home energy through energy assistance and energy efficiency

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 11 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 15 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 16,850. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 11,708. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 10,756,524. | 15,896,513. |
| | 9 | Program service revenue (Part VIII, line 2g) | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 811,112. | 34,645. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 89,448. | 159,822. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 11,657,084. | 16,090,980. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 11,149,953. | 10,469,563. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 844,164. | 1,086,388. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 15,322. | 8,550. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 439,269. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,637,726. | 4,902,568. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 13,647,165. | 16,467,069. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,990,081. | -376,089. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 20,764,252. | 22,239,288. |
| | 21 | Total liabilities (Part X, line 26) | 277,420. | 34,372. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 20,486,832. | 22,204,916. |

SCANNED APR 04 2011

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## Part II Signature Block

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** ▶ Signature of officer — Date 3/21/11

▶ Sanders Arnold, Executive Director — Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ — Date 3-15-11 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P01363943

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Kundinger, Corder & Engle, P.C. 475 Lincoln Street, Suite 200 Denver, CO 80203 — EIN ▶ — Phone no. ▶ 303-534-5953

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No



See Schedule O for Organization Mission Statement Continuation

G16

22

## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: See Schedule O for Continuation
See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses $ 8,392,897. including grants of $ 8,185,127. ) (Revenue $ 0. )
Utility cash assistance grants provide assistance for the low-income individuals with energy bills through the Charitable Energy Network.

4b (Code: ) (Expenses $ 2,480,422. including grants of $ 0. ) (Revenue $ 0. )
The objective of the Weatherization Assistance for Low-Income Person (WAP) program is to increase the energy efficiency of dwellings owned or occupied by low-income persons, reduce their total expenditures on energy, and improve their health and safety. Through funding received from the Colorado Governor's Energy Office, Energy Outreach provides assistance to low-income multi-family dwellings for energy efficieny upgrades.

4c (Code: ) (Expenses $ 1,967,605. including grants of $ 36,000. ) (Revenue $ 0. )
The Nonprofit Energy Assistance Program (NEEP) provides long term solutions and energy efficiency upgrades in nonprofit facilities to reduce energy use and lower energy bills. Current funders include the City of Denver and Xcel Energy and funds are restricted.

4d Other program services (Describe in Schedule O.)
(Expenses $ 3,001,472. including grants of $ 2,248,436. ) (Revenue $ 159,822. )

4e **Total program service expenses** ▶ $ 15,842,396.

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | 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* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | X | |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | | | |
| | • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | | | |
| | • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.* | 12 | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes [ ] No [X] | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization 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* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | X | |



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## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable | 1a | 12 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 11 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b | X | |
| 4a | 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)? | | | 4a | | X |
| b | 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 | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

**Part VI Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body | 1a 15 | | |
| b | Enter the number of voting members that are independent | 1b 15 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | X |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | 15b | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Rose Reed - 303-825-8750

225 E 16th Ave, No. 200, Denver, CO 80203-1612

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| Gayle Berry<br>Past President | 3.00 | X | | | | | | 0. | 0. | 0. |
| Dian Callaghan<br>Secretary | 3.00 | X | | X | | | | 0. | 0. | 0. |
| Adam Goldman<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Joel Johnson<br>President | 3.00 | X | | X | | | | 0. | 0. | 0. |
| Patricia Nelson Limerick<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Tom O'Donnell<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Howard Boigon<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| John A. Harpole<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Jim Lightner<br>Vice President | 3.00 | X | | X | | | | 0. | 0. | 0. |
| Michael J McFadden<br>Treasurer/2nd VP | 3.00 | X | | X | | | | 0. | 0. | 0. |
| Mark Sexton<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Mark Sunderhuse<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Jack Swift<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Troy L Whitmore<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Bernie Buescher<br>Board Member | 3.00 | X | | | | | | 0. | 0. | 0. |
| Sanders Arnold<br>Executive Director | 40.00 | | | X | | | | 177,885. | 0. | 15,089. |
| Rose Reed<br>Director, Administrative | 40.00 | | | X | | | | 70,090. | 0. | 5,992. |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| Jennifer Gremmert<br>Deputy Director | 40.00 | | | | | X | | 112,192. | 0. | 9,991. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | 360,167. | 0. | 31,072. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 2

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | 4 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| Sun Power, Inc.<br>3200 Larimer Street, Denver, CO 80205 | NEEP project mgmt and consulting | 336,053. |
| C & D Builders, 14 Iverness Drive East,<br>Suite G-136, Englewood, CO 80112 | NEEP project mgmt and consulting | 184,349. |
| Indoor Air, Inc.<br>P.O. Box 1787, Glenwood Springs, CO 81602 | NEEP project mgmt and consulting | 113,320. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 3

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| **Contributions, gifts, grants and other similar amounts** | | | | | | |
| 1 a Federated campaigns | 1a | | | | | |
| b Membership dues | 1b | | | | | |
| c Fundraising events | 1c | 168,174. | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | 4,776,370. | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 10,951,969. | | | | |
| g Noncash contributions included in lines 1a-1f $ | | | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | 15,896,513. | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2 a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g **Total.** Add lines 2a-2f ▶ | | | | | | |
| **Other Revenue** | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 459,188. | | 16,850. | 442,338. |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| 5 Royalties ▶ | | | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6 a Gross Rents | | | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) ▶ | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | (i) Securities -424,543. | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | -424,543. | | | | | |
| d Net gain or (loss) ▶ | | | -424,543. | | | -424,543. |
| 8 a Gross income from fundraising events (not including $ 168,174. of contributions reported on line 1c). See Part IV, line 18 | a | 70,842. | | | | |
| b Less direct expenses | b | 70,842. | | | | |
| c Net income or (loss) from fundraising events ▶ | | | 0. | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a Energy conference | | 900099 | 86,287. | 86,287. | | |
| b Miscellaneous | | 900099 | 73,535. | 73,535. | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d ▶ | | | 159,822. | | | |
| 12 **Total revenue.** See instructions. ▶ | | | 16,090,980. | 159,822. | 16,850. | 17,795. |

## Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 8,069,563. | 8,069,563. | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 2,400,000. | 2,400,000. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 279,238. | 212,218. | 51,063. | 15,957. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 639,229. | 520,706. | 19,944. | 98,579. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 51,542. | 39,191. | 4,808. | 7,543. |
| 9 Other employee benefits | 51,267. | 42,546. | 1,384. | 7,337. |
| 10 Payroll taxes | 65,112. | 52,168. | 4,700. | 8,244. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 23,400. | | 23,400. | |
| d Lobbying | 16,667. | 16,667. | | |
| e Professional fundraising services. See Part IV, line 17 | 8,550. | | | 8,550. |
| f Investment management fees | 50,156. | | 50,156. | |
| g Other | 4,159,333. | 4,049,007. | 4,709. | 105,617. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 333,729. | 161,956. | 10,057. | 161,716. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 60,743. | 48,560. | 4,223. | 7,960. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 135,898. | 128,457. | 2,106. | 5,335. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,747. | 1,394. | 124. | 229. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a Equipment maint. | 37,243. | 30,021. | 2,292. | 4,930. |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | 83,652. | 69,942. | 6,438. | 7,272. |
| 25 **Total functional expenses.** Add lines 1 through 24f | 16,467,069. | 15,842,396. | 185,404. | 439,269. |
| 26 **Joint costs.** Check here ▶ [X] if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 49,353. | 24,691. | 8,213. | 16,449. |

**Part X Balance Sheet**

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 100. | 1 | 138. |
| | 2 | Savings and temporary cash investments | 1,096,177. | 2 | 949,479. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 398,128. | 4 | 529,901. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 6,740. | 9 | 13,074. |
| | 10a | Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a — 116,740. | | | |
| | b | Less: accumulated depreciation — 10b — 116,740. | 1,747. | 10c | 0. |
| | 11 | Investments - publicly traded securities | 18,008,151. | 11 | 19,411,265. |
| | 12 | Investments - other securities. See Part IV, line 11 | 1,253,209. | 12 | 1,335,431. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 20,764,252. | 16 | 22,239,288. |
| Liabilities | 17 | Accounts payable and accrued expenses | 233,755. | 17 | 34,372. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 43,665. | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 277,420. | 26 | 34,372. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 20,467,242. | 27 | 22,181,889. |
| | 28 | Temporarily restricted net assets | 19,590. | 28 | 23,027. |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 20,486,832. | 33 | 22,204,916. |
| | 34 | Total liabilities and net assets/fund balances | 20,764,252. | 34 | 22,239,288. |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br>[X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | X | |

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047
**2009**
**Open to Public Inspection**

**Name of the organization**
Energy Outreach Colorado

**Employer identification number**
74-2543881

**Part I | Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ 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 exempt 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).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a ☐ Type I  b ☐ Type II  c ☐ Type III - Functionally integrated  d ☐ Type III - Other
e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? Yes | No | (v) Did you notify the organization in col. (i) of your support? Yes | No | (vi) Is the organization in col. (i) organized in the U.S.? Yes | No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 11,470,401. | 7,673,382. | 13,523,032. | 10,756,524. | 15,896,513. | 59,319,852. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 11,470,401. | 7,673,382. | 13,523,032. | 10,756,524. | 15,896,513. | 59,319,852. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 29,756,682. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 29,563,170. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 11,470,401. | 7,673,382. | 13,523,032. | 10,756,524. | 15,896,513. | 59,319,852. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 458,648. | 627,894. | 691,954. | 565,990. | 459,188. | 2,803,674. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 17,201. | 22,016. | 16,472. | | 16,850. | 72,539. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 62,196,065. |

12 Gross receipts from related activities, etc. (see instructions) | 12 | 534,243.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 47.53 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 45.33 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III | Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of organization | Employer identification number |
|---|---|
| Energy Outreach Colorado | 74-2543881 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-. |
|---|---|---|---|---|
| | | | | |
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**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns. | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e. |
| 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. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000 |

| | (a) | (b) |
|---|---|---|
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

**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 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

**Part II-B** **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 16,667. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? If "Yes," describe in Part IV | | X | |
| j Total Add lines 1c through 1i | | | 16,667. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | Yes | No |
|---|---|---|---|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."**

| | | |
|---|---|---|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV** **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-B, Line 1(i), Other Lobbying Activities:

During the fiscal year 2010, Energy Outreach Colorado paid $16,667 to

Ringel, Boyle & Weist Policy Strategists for lobbying.

**Schedule D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
**2009**
Open to Public Inspection

Name of the organization: Energy Outreach Colorado
Employer identification number: 74-2543881

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ________%

b Permanent endowment ▶ ________%

c Term endowment ▶ ________%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 116,740. | 116,740. | 0. |
| Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 0. |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| Ironwood Capital Partners LP | 1,335,431. | End-of-Year Market Value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 1,335,431. | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| | | |
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| | | |
| **Total.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
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| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25

| 1. (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| | |
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| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶ | |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 16,090,980. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 16,467,069. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -376,089. |
| 4 | Net unrealized gains (losses) on investments | 4 | 2,094,173. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 | 2,094,173. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 1,718,084. |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 17,940,256. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | 2,094,173. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 2,094,173. |
| 3 | Subtract line 2e from line 1 | | | 3 | 15,846,083. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 50,156. | | |
| b | Other (Describe in Part XIV.) | 4b | 194,741. | | |
| c | Add lines 4a and 4b | | | 4c | 244,897. |
| 5 | Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | 16,090,980. |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 16,222,172. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 16,222,172. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 50,156. | | |
| b | Other (Describe in Part XIV.) | 4b | 194,741. | | |
| c | Add lines 4a and 4b | | | 4c | 244,897. |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18 )* | | | 5 | 16,467,069. |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Part XII, Line 4b - Other Adjustments:

LEAP pass through: 194741.

Part XIII, Line 4b - Other Adjustments:

LEAP pass through: 194741.

Unclaimed utility deposits and refunds received from utility companies are

**Part XIV Supplemental Information** *(continued)*

received by Energy Outreach Colorado and granted to the LEAP program.

**SCHEDULE G**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open To Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Energy Outreach Colorado | 74-2543881 |

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| **Total** ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000.

| | | (a) Event #1<br>Golf Tournament<br>(event type) | (b) Event #2<br><br>(event type) | (c) Other events<br>None<br>(total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 239,016. | | | 239,016. |
| | 2 Less: Charitable contributions | 168,174. | | | 168,174. |
| | 3 Gross income (line 1 minus line 2) | 70,842. | | | 70,842. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 70,842. | | | 70,842. |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | ( 70,842) |
| | 11 Net income summary Combine line 3, column (d), and line 10 ▶ | | | | 0. |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ %<br>☐ No | ☐ Yes ____ %<br>☐ No | ☐ Yes ____ %<br>☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary. Combine line 1, column (d), and line 7 ▶ | | | | |

| | | Yes | No |
|---|---|---|---|
| 9 Enter the state(s) in which the organization operates gaming activities: ______ | | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b If "No," explain: ______ | | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b If "Yes," explain ______ | | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | |

| | | | Yes | No |
|---|---|---|---|---|
| **13** Indicate the percentage of gaming activity operated in: | | | | |
| **a** The organization's facility | **13a** % | | | |
| **b** An outside facility | **13b** % | | | |
| **14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:<br>Name ▶<br>Address ▶ | | | | |
| **15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | 15a | | |
| **b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ . | | | | |
| **c** If "Yes," enter name and address of the third party:<br>Name ▶<br>Address ▶ | | | | |
| **16** Gaming manager information:<br>Name ▶<br>Gaming manager compensation ▶ $<br>Description of services provided ▶<br>☐ Director/officer ☐ Employee ☐ Independent contractor | | | | |
| **17** Mandatory distributions | | | | |
| **a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | 17a | | |
| **b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | | |

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**

OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Access Housing<br>6978 Colorado Boulevard<br>Commerce City, CO 80022 | 74-2304144 | 501(c)3 | 15,725. | 0. | | | Energy assistance for Agencies' clients |
| Adventist Community Service dba<br>ACS Community LIFT - 5046 W First<br>Ave - Denver, CO 80220 | 52-0643037 | 501(c)3 | 48,300. | 0. | | | Energy assistance for Agencies' clients |
| Adams County Housing Authority<br>7190 Colorado Blvd 6th Floor<br>Commerce City, CO 80022 | 84-0701701 | 501(c)3 | 69,300. | 0. | | | Energy assistance for Agencies' clients |
| Advocates Against Domestic Assault<br>P.O. Box 696<br>Trinidad, CO 81082 | 74-2285205 | 501(c)3 | 19,740. | 0. | | | Energy assistance for Agencies' clients |
| Almost Home<br>231 N Main St<br>Brighton, CO 80601 | 84-1220644 | 501(c)3 | 145,950. | 0. | | | Energy assistance for Agencies' clients |
| Association for Senior Citizens<br>2839 W 44th Ave<br>Denver, CO 80211 | 74-2270678 | 501(c)3 | 84,000. | 0. | | | Energy assistance for Agencies' clients |

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| Direct bill payment assistance for low-income clients | 3588 | 2,400,000. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Energy Outreach Colorado (EOC) distributes funds to a network of agencies around the state for utility bill payment assistance. Each agency is charged with using the funds specifically for heating or heating related utilities. The funds are not given to individual clients but directly to the utility vendor in question; in addition, EOC maintains a on-line database where agencies must enter client data immediately when the client receives assistance. This database collects details of clients' name, address, demographic information, income data, housing data, and utility vendor information. The program manager

**SCHEDULE I-1**
**(Form 990)**
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Aurora Inter-Church Task Force 1535 Clinton St Aurora, CO 80010 | 51-0152735 | 501(c)3 | 78,750. | 0. | | | Energy assistance for Agencies' clients |
| Boulder County AIDS Project 2118 14th St Boulder, CO 80302 | 74-2442032 | 501(c)3 | 13,125. | 0. | | | Energy assistance for Agencies' clients |
| Brain Injury Association of Colorado - 4200 W Conejos Pl #524 - Denver, CO 80204 | 84-0893049 | 501(c)3 | 22,239. | 0. | | | Energy assistance for Agencies' clients |
| Broadway Assistance Center 605 W 6th Ave Denver, CO 80204 | 84-0732874 | 501(c)3 | 34,335. | 0. | | | Energy assistance for Agencies' clients |
| Caring Ministries of Morgan County PO Box 157/420 E Railroad Ave Fort Morgan, CO 80701 | 74-2372008 | 501(c)3 | 28,560. | 0. | | | Energy assistance for Agencies' clients |
| Catholic Charities and Community Services of the Archdiocese of Denver, Inc - 4045 Pecos St - Denver, CO 80211 | 84-0686679 | 501(c)3 | 472,500. | 0. | | | Energy assistance for Agencies' clients |
| Catholic Charities of the Diocese of Pueblo - 429 W 10th St Ste 101 - Pueblo, CO 81003 | 84-0471001 | 501(c)3 | 204,750. | 0. | | | Energy assistance for Agencies' clients |
| City of Arvada 8001 Ralston Rd Arvada, CO 80001 | 84-6000633 | Government | 25,935. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
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**Employer identification number** 74-2543881

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|---|---|---|---|---|---|---|---|
| City of Fountain Utilities<br>116 South Main Street/PO Box 700<br>Fountain, CO 80817 | 84-6000666 | government | 14,700. | 0. | | | Energy assistance for Agencies' clients |
| Clear Creek County<br>405 Argentine Street<br>Georgetown, CO 80444 | 84-6000751 | Government | 27,500. | 0. | | | Energy assistance for Agencies' clients |
| Colorado Health Network dba Colorado AIDS Project - 2490 W 26th Ave Ste 300A - Denver, CO 80203 | 84-0961159 | 501(c)3 | 24,150. | 0. | | | Energy assistance for Agencies' clients |
| Colorado East Community Action Agency - 224 1/2 Nebraska Ave - Stratton, CO 80836 | 84-0830367 | 501(c)3 | 16,590. | 0. | | | Energy assistance for Agencies' clients |
| Colorado Springs Utilities Foundation (COPE) - 121 S Tejon St, 5th Floor - Colorado Springs, CO 80903 | 20-8643063 | 501(c)3 | 57,750. | 0. | | | Energy assistance for Agencies' clients |
| Community Budget Center<br>555 Yampa Ave<br>Craig, CO 81625 | 84-0799337 | 501(c)3 | 24,255. | 0. | | | Energy assistance for Agencies' clients |
| Community Ministry<br>1755 S Zuni St<br>Denver, CO 80223 | 84-0602837 | 501(c)3 | 53,550. | 0. | | | Energy assistance for Agencies' clients |
| Community United Methodist Church of Pagosa Springs - 434 Lewis Street/PO Box 300 - Pagosa Springs, CO 81147 | 84-0834611 | 501(c)3 | 20,475. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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|---|---|---|---|---|---|---|---|
| Cooperating Ministries of Logan County - 230 N 10th Ave - Sterling, CO 80751 | 84-0861984 | 501(c)3 | 44,625. | 0. | | | Energy assistance for Agencies' clients |
| Crossroads Ministry of Estes Park 851 Dry Gulch Road/P O Box 3616 Estes Park, CO 80517 | 74-2465229 | 501(c)3 | 12,600. | 0. | | | Energy assistance for Agencies' clients |
| Crowley County 603 Main St Ste 2 Ordway, CO 81063 | 84-6000757 | Government | 8,000. | 0. | | | Energy assistance for Agencies' clients |
| Custer County 615 Rosita Avenue Westcliffe, CO 81252 | 84-6000758 | Government | 9,135. | 0. | | | Energy assistance for Agencies' clients |
| Delta United Methodist Church 477 Meeker St Delta, CO 81416 | 84-6028530 | 501(c)3 | 11,550. | 0. | | | Energy assistance for Agencies' clients |
| Denver Indian Health and Family Services - 1633 Fillmore St Suite GL1 - Denver, CO 80206 | 84-0724261 | 501(c)3 | 63,210. | 0. | | | Energy assistance for Agencies' clients |
| Denver Urban Ministries 1717 E Colfax Ave Denver, CO 80218 | 84-0935955 | 501(c)3 | 162,210. | 0. | | | Energy assistance for Agencies' clients |
| Castle Rock Community Inter-Church Task Force dba Douglas/Elbert Task Force - 404-A Jerry St - Castle Rock, CO 80104 | 74-2395223 | 501(c)3 | 63,000. | 0. | | | Energy assistance for Agencies' clients |

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: Energy Outreach Colorado

Employer identification number: 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

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|---|---|---|---|---|---|---|---|
| Ecumenical Social Ministries<br>201 N Weber<br>Colorado Springs, CO 80903 | 84-0890978 | 501(c)3 | 13,125. | 0. | | | Energy assistance for Agencies' clients |
| Emergency Family Assistance Association - 1575 Yarmouth Ave -<br>Boulder, CO 80304 | 84-0454115 | 501(c)3 | 168,000. | 0. | | | Energy assistance for Agencies' clients |
| Empowerment Program<br>1600 York St Ste 201<br>Denver, CO 80206 | 74-2377531 | 501(c)3 | 23,835. | 0. | | | Energy assistance for Agencies' clients |
| Evergreen Christian Outreach<br>27640 Highway 74<br>Evergreen, CO 80437 | 74-2539728 | 501(c)3 | 10,605. | 0. | | | Energy assistance for Agencies' clients |
| Faith Community Service Fund<br>P.O. Box 336976<br>Greeley, CO 80633 | 20-2933936 | 501(c)3 | 33,075. | 0. | | | Energy assistance for Agencies' clients |
| Family & Intercultural Resource Center - 3PO Box 4056/330 Fielder Ave Ste 208 - Dillon, CO 80435 | 84-1252900 | 501(c)3 | 448,430. | 0. | | | Energy assistance for Agencies' clients |
| Family Tree<br>3805 Marshall St Ste 100<br>Wheat Ridge, CO 80033 | 84-0730973 | 501(c)3 | 21,000. | 0. | | | Energy assistance for Agencies' clients |
| First Mennonite Church of Denver<br>430 W 9th Ave<br>Denver, CO 80204 | 84-0616328 | 501(c)3 | 51,450. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
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## Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: Energy Outreach Colorado

**Employer identification number**: 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| First Presbyterian Church of Salida - 7 Poncha Blvd - Salida, CO 81201 | 84-0896024 | 501(c)3 | 21,525. | 0. | | | Energy assistance for Agencies' clients |
| First United Methodist Church of Cortez - 515 Park Ave - Cortez, CO 81321 | 84-6049833 | 501(c)3 | 17,850. | 0. | | | Energy assistance for Agencies' clients |
| FISH of Broomfield<br>26 Garden Center<br>Broomfield, CO 80020 | 84-1591890 | 501(c)3 | 14,700. | 0. | | | Energy assistance for Agencies' clients |
| Grand Valley Catholic Outreach<br>245 S 1st St<br>Grand Junction, CO 81501 | 20-0064007 | 501(c)3 | 206,535. | 0. | | | Energy assistance for Agencies' clients |
| Gunnison/Hinsdale County DHS<br>225 N Pine St Ste A<br>Gunnison, CO 81230 | 84-6000770 | Government | 20,265. | 0. | | | Energy assistance for Agencies' clients |
| Help the Needy<br>PO Box 644<br>Woodland Park, CO 80866 | 84-1420920 | 501(c)3 | 18,375. | 0. | | | Energy assistance for Agencies' clients |
| Helping Hearts and Hands<br>P.O. Box 150609<br>Lakewood, CO 80215 | 23-7019679 | 501(c)3 | 115,500. | 0. | | | Energy assistance for Agencies' clients |
| House of Neighborly Service<br>565 N Cleveland Ave<br>Loveland, CO 80537 | 84-0568546 | 501(c)3 | 19,950. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
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**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
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Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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|---|---|---|---|---|---|---|---|
| Housing Solutions for the Southwest - 295 Girard St - Durango, CO 81303 | 84-0853925 | 501(c)3 | 15,750. | 0. | | | Energy assistance for Agencies' clients |
| Independent Life Center PO Box 612 Craig, CO 81626 | 84-1473968 | 501(c)3 | 57,750. | 0. | | | Energy assistance for Agencies' clients |
| Inter-Church Arvada Resource for Ministry and Service - 5400 Ward Rd Bldg 2 Ste 106 - Arvada, CO 80002-1819 | 84-6131882 | 501(c)3 | 57,750. | 0. | | | Energy assistance for Agencies' clients |
| Inter-Faith Community Services 3370 S Irving St Englewood, CO 80110 | 84-0579740 | 501(c)3 | 53,813. | 0. | | | Energy assistance for Agencies' clients |
| Jackson County Social Services 350 McKinley Street/P.O. Box 338 Walden, CO 80480 | 84-6000773 | government | 15,750. | 0. | | | Energy assistance for Agencies' clients |
| Jeffco Action Center 8755 W. 14th Ave. Lakewood, CO 80215 | 23-7019679 | 501(c)3 | 252,000. | 0. | | | Energy assistance for Agencies' clients |
| Jefferson Center for Mental Health 70 Executive Center, 4851 Independence St - Wheat Ridge, CO 80033 | 84-0474717 | 501(c)3 | 14,700. | 0. | | | Energy assistance for Agencies' clients |
| Jewish Family Service of Colorado 3201 South Tamarac Drive Denver, CO 80231 | 84-0402701 | 501(c)3 | 14,700. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
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**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
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Name of the organization: Energy Outreach Colorado

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**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II )

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| La Junta Associated Charities<br>517 Colorado Ave<br>La Junta, CO 80150 | 84-0865084 | 501(c)3 | 6,300. | 0. | | | Energy assistance for Agencies' clients |
| La Puente Home<br>P.O. Box 1235/911 State St<br>Alamosa, CO 81101 | 74-2224631 | 501(c)3 | 252,420. | 0. | | | Energy assistance for Agencies' clients |
| Lake County DHHS<br>P.O. Box 884/112 W 5th St<br>Leadville, CO 80461 | 84-6000777 | Government | 7,500. | 0. | | | Energy assistance for Agencies' clients |
| Las Animas Helping Hands<br>P.O. Box 576<br>Las Animas, CO 81054 | 83-0460302 | 501(c)3 | 18,375. | 0. | | | Energy assistance for Agencies' clients |
| LifeBridge Christian Church<br>10345 Ute Hwy<br>Longmont, CO 80504 | 84-0463390 | 501(c)3 | 10,710. | 0. | | | Energy assistance for Agencies' clients |
| Lift-Up of Routt County<br>2125 Curve Ct<br>Steamboat Springs, CO 80487 | 84-1385379 | 501(c)3 | 29,400. | 0. | | | Energy assistance for Agencies' clients |
| Loaves and Fishes Ministries of Fremont County - 241 Justice Center Rd - Canon City, CO 81212 | 84-1050917 | 501(c)3 | 63,000. | 0. | | | Energy assistance for Agencies' clients |
| Loaves and Fishes Ministries - San Isabel - 241 Justice Center Rd - Canon City, CO 81212 | 84-1050917 | 501(c)3 | 8,400. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
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**Continuation Sheet for Schedule I (Form 990)**
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OMB No 1545-0047
**2009**
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**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

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|---|---|---|---|---|---|---|---|
| Lupus Foundation of Colorado 1211 S. Parker Rd. #103 Denver, CO 80231 | 84-0763686 | 501(c)3 | 10,080. | 0. | | | Energy assistance for Agencies' clients |
| Lutheran Social Services of Colorado dba Lutheran Family Services of Colora - 363 S Harlan St Ste 200 - Denver, CO 80226 | 84-0775550 | 501(c)3 | 10,500. | 0. | | | Energy assistance for Agencies' clients |
| Mexican American Development Association dba MADA - 17 N 6th St - Montrose, CO 81401 | 84-0616860 | 501(c)3 | 31,500. | 0. | | | Energy assistance for Agencies' clients |
| Metro CareRing 1100 E 18th Ave Denver, CO 80218 | 84-6116951 | 501(c)3 | 278,250. | 0. | | | Energy assistance for Agencies' clients |
| National MS Society, Colorado Chapter - 900 S. Broadway, Broadway Station #250 - Denver, CO 80209 | 13-5661935 | 501(c)3 | 13,125. | 0. | | | Energy assistance for Agencies' clients |
| Northern Churches Care 4210 Austin Bluffs Pkwy Colorado Springs, CO 80918 | 84-1093341 | 501(c)3 | 30,660. | 0. | | | Energy assistance for Agencies' clients |
| Northern Colorado AIDS Project 400 Remington St Ste 100 Fort Collins, CO 80524 | 84-1035151 | 501(c)3 | 13,125. | 0. | | | Energy assistance for Agencies' clients |
| Outreach United Resource Center 303 Atwood St Longmont, CO 80501 | 74-2448346 | 501(c)3 | 34,335. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
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**Continuation Sheet for Schedule I (Form 990)**
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Name of the organization: Energy Outreach Colorado

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|---|---|---|---|---|---|---|---|
| Park County Crisis Center<br>4 River Rd/PO Box 836<br>Bailey, CO 80421 | 74-2472469 | 501(c)3 | 24,150. | 0. | | | Energy assistance for Agencies' clients |
| Parker Task Force<br>20118 E Main St Unit D<br>Parker, CO 80138-7404 | 74-2494265 | 501(c)3 | 31,710. | 0. | | | Energy assistance for Agencies' clients |
| Phillips County DSS<br>127 E Denver St Ste A<br>Holyoke, CO 80731 | 84-6000793 | government | 7,500. | 0. | | | Energy assistance for Agencies' clients |
| Pikes Peak Community Action Agency<br>P.O. Box 2468/722 S Wahsatch Ave<br>Colorado Springs, CO 80901 | 84-0933888 | 501(c)3 | 18,900. | 0. | | | Energy assistance for Agencies' clients |
| Prowers County Department of<br>Social Services - PO Box 1157/1001<br>South Main - Lamar, CO 81052 | 84-1132868 | Government | 12,495. | 0. | | | Energy assistance for Agencies' clients |
| Rocky Mountain Cancer Centers<br>Foundation - 1161 S Vivian St -<br>Lakewood, CO 80228 | 84-1487121 | 501(c)3 | 10,500. | 0. | | | Energy assistance for Agencies' clients |
| Salvation Army - Baca County<br>PO Box 103<br>Springfield, CO 81073 | 94-1156347 | 501(c)3 | 7,560. | 0. | | | Energy assistance for Agencies' clients |
| Salvation Army - Denver<br>1370 Pennsylvania Ave<br>Denver, CO 80203 | 94-1156347 | 501(c)3 | 279,300. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
Department of the Treasury
Internal Revenue Service

# Continuation Sheet for Schedule I (Form 990)

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**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

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|---|---|---|---|---|---|---|---|
| Salvation Army - Fountain Valley<br>901 N. Santa Fe Suite 5<br>Fountain, CO 80909 | 94-1156347 | 501(c)3 | 31,500. | 0. | | | Energy assistance for Agencies' clients |
| Salvation Army - Teller County<br>166 Bennett Ave<br>Cripple Creek, CO 80813 | 22-2406433 | 501(c)3 | 18,375. | 0. | | | Energy assistance for Agencies' clients |
| Salvation Army - Vail Valley<br>90 Lariat Loop<br>Edwards, CO 81632 | 94-1156347 | 501(c)3 | 53,340. | 0. | | | Energy assistance for Agencies' clients |
| Sara Brown Memorial Fund<br>1200 Federal Blvd<br>Denver, CO 80204-3221 | 84-6033394 | 501(c)3 | 12,600. | 0. | | | Energy assistance for Agencies' clients |
| Sedgwick County Economic<br>Development - 100 W 2nd St -<br>Julesburg, CO 80737 | 84-1004883 | government | 14,700. | 0. | | | Energy assistance for Agencies' clients |
| Senior Support Services<br>846 E 18th Ave<br>Denver, CO 80218 | 84-0801612 | 501(c)3 | 57,960. | 0. | | | Energy assistance for Agencies' clients |
| Seniors' Resource Center<br>3227 Chase St<br>Wheat Ridge, CO 80212 | 84-0877538 | 501(c)3 | 57,750. | 0. | | | Energy assistance for Agencies' clients |
| Seniors! Inc<br>5840 E Evans Ave<br>Denver, CO 80222 | 23-7090107 | 501(c)3 | 57,960. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
**▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II )

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Sister Carmen Community Center<br>701 W. Baseline Rd.<br>Lafayette, CO 80026 | 84-0820308 | 501(c)3 | 24,150. | 0. | | | Energy assistance for Agencies' clients |
| South Central Council of Governments - 300 Bonaventure Ave. - Trinidad, CO 81082 | 84-0561399 | 501(c)3 | 55,650. | 0. | | | Energy assistance for Agencies' clients |
| South Central Council of Governments San Isabel - 300 Bonaventure Ave. - Trinidad, CO 81082 | 84-0561399 | 501(c)3 | 5,250. | 0. | | | Energy assistance for Agencies' clients |
| Southeastern Colorado Compassion Center - 710 W Olive St - Lamar, CO 81052 | 74-2506596 | 501(c)3 | 14,700. | 0. | | | Energy assistance for Agencies' clients |
| St Vincent de Paul Society Particular Council of Denver - 830 Elm St - Denver, CO 80220 | 84-6032037 | 501(c)3 | 75,250. | 0. | | | Energy assistance for Agencies' clients |
| Telluride Foundation<br>620 Mountain Village Blvd Ste 2B<br>Telluride, CO 81435 | 84-1530768 | 501(c)3 | 12,075. | 0. | | | Energy assistance for Agencies' clients |
| The Home Front Cares, Inc.<br>P.O. Box 38516/25 N Wahsatch Ste 2<br>Colorado Springs, CO 80937 | 20-0564493 | 501(c)3 | 58,170. | 0. | | | Energy assistance for Agencies' clients |
| Tri-Lakes Cares<br>PO Box 1301<br>Monument, CO 80132 | 74-2501356 | 501(c)3 | 18,900. | 0. | | | Energy assistance for Agencies' clients |

**SCHEDULE I-1**
**(Form 990)**
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
**▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| United Methodist Church of Dove Creek - 210 E 6th St/PO Box 628 - Dove Creek, CO 81324 | 84-1062071 | 501(c)3 | 15,750. | 0. | | | Energy assistance for Agencies' clients |
| United Way of Southwest Colorado PO Box 3040 Durango, CO 81302 | 23-7113221 | 501(c)3 | 43,050. | 0. | | | Energy assistance for Agencies' clients |
| Western Colorado Health Network dba Western Colorado AIDS Project - 805 Main St - Grand Junction, CO 81501 | 84-1112986 | 501(c)3 | 14,490. | 0. | | | Energy assistance for Agencies' clients |
| Winter Assistance Relief Managment (WARM) - 209 E. Main St. - Rangely, CO 81648 | 84-1296397 | 501(c)3 | 5,985. | 0. | | | Energy assistance for Agencies' clients |
| Archdiocesan Housing 4045 Pecos St. Denver, CO 80211 | 84-0604106 | 501(c)3 | 180,000. | 0. | | | Energy Solutions Grants |
| Housing Solutions for the Southwest - 295 Girard St - Durango, CO 81303 | 84-0853925 | 501(c)3 | 33,850. | 0. | | | Energy Solutions Grants |
| Housing Authority of the City of Loveland - 375 W. 37th Street - Loveland, CO 80538 | 84-6129853 | Government | 228,000. | 0. | | | Energy Solutions Grants |
| Western Colorado Conservation Corps - 2818 1/2 North Ave. - Grand Junction, CO 81501 | 74-2486204 | 501(c)3 | 52,000. | 0. | | | Energy Solutions Grants |

**SCHEDULE I-1**
*(Form 990)*
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
▶ ***Attach to Form 990 to list additional information for*** **Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Mile High Youth Corps 1801 Federal Blvd. Denver, CO 80204 | 84-1182631 | 501(c)3 | 367,500. | 0. | | | Energy Solutions Grants |
| Littleton Housing Authority 5745 S. Bannock Street Littleton, CO 80120 | 84-1300668 | Government | 235,695. | 0. | | | Energy Solutions Grants |
| Greeley Center for Independence, Inc. - 2780 28th Avenue - Greeley, CO 80634 | 84-0779790 | 501(c)3 | 104,535. | 0. | | | Energy Solutions Grants |
| Monroe Group Properties 6795 East Tennessee Avenue, 5th Fl Denver, CO 80224 | 84-0877219 | Private Company | 44,676. | 0. | | | Energy Solutions Grants |
| Colorado Department of Human Services, LEAP - 1575 Sherman St. - Denver, CO 80203 | 84-0644739 | Government | 1,000,000. | 0. | | | LEAP |
| Mile High Youth Corps 1801 Federal Blvd. Denver, CO 80204 | 84-1182631 | 501(c)3 | 36,000. | 0. | | | Nonprofit Energy Efficiency Program |
| | | | | | | | |
| | | | | | | | |

## Part IV Supplemental Information

checks on a regular basis to see that funding is being distributed to the relevant vendors. Each client may only receive assistance once during a grant year (November 1 through October 31); should two agencies pay for the same client in a grant year then one of the payments is disallowed and the agency must pay for the bill with other than EOC's grant funds.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**: Energy Outreach Colorado

**Employer identification number**: 74-2543881

## Part I Questions Regarding Compensation

| | | Line | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel<br>☐ Travel for companions<br>☒ Tax indemnification and gross-up payments<br>☐ Discretionary spending account<br>☐ Housing allowance or residence for personal use<br>☐ Payments for business use of personal residence<br>☐ Health or social club dues or initiation fees<br>☐ Personal services (e.g., maid, chauffeur, chef) | | | |
| **b** | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | X |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | X |
| **3** | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.<br>☒ Compensation committee<br>☒ Independent compensation consultant<br>☐ Form 990 of other organizations<br>☐ Written employment contract<br>☒ Compensation survey or study<br>☒ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | 4a | | X |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4c | | X |
| | **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | 5a | | X |
| **b** | Any related organization?<br>If "Yes" to line 5a or 5b, describe in Part III. | 5b | | X |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | 6a | | X |
| **b** | Any related organization?<br>If "Yes" to line 6a or 6b, describe in Part III. | 6b | | X |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| Sanders Arnold | (i) | 159,383. | 12,000. | 6,502. | 15,089. | 0. | 192,974. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III** **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Part I, Line 1a: The Board of Directors approved a bonus amount, after tax,

for the CEO during the year.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Energy Outreach Colorado | 74-2543881 |

Form 990, Part I, Line 1, Description of Organization Mission:

programs.

Form 990, Part III, Line 1, Description of Organization Mission:

Energy Outreach Colorado is an independent, non-profit organization that raises funds to help low-income Coloradans afford home energy. Since 1989, EOC has distributed $126 million for energy bill payment assistance, energy efficiency upgrades for affordable housing and non-profit facilities, energy efficiency education and advocacy on behalf of low-income energy consumers. EOC funds are distributed as grants to emergency assistance and affordable housing organizations across Colorado.

Form 990, Part III, Line 2, New Program Services:

During the year, Energy Outreach Colorado began providing assistance through the Weatherization Assistance for Low-Income Persons (WAP) program. The objective of the Weatherization Assistance for Low-Income Person (WAP) program is to increase the energy efficiency of dwellings owned or occupied by low-income persons, reduce their total expenditures on energy, and improve their health and safety. Through funding received from the Colorado Governor's Energy Office, Energy Outreach provides assistance to low-income multi-family dwellings for energy efficieny upgrades.

Form 990, Part III, Line 4d, Other Program Services:

The Long-Term Energy Solutions program is to provide long-term

**SCHEDULE O** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

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OMB No 1545-0047

**2009**

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Name of the organization: Energy Outreach Colorado

**Employer identification number** 74-2543881

solutions and energy efficiency upgrades in affordable housing to help low-income Coloradans reduce energy use and lower their bills. Current contracts with Xcel Energy, Atmos Energy, and Source Gas are restricted to provide upgrades in their utility service territories.

Expenses $ 1447304. including grants of $ 1247183. Revenue $ 0.

Low income energy assistance payments were made to the Colorado department of Human Services to be used in their LEAP program that provides benefits to low-income individuals to pay energy bills.

Expenses $ 1159992. including grants of $ 1000053. Revenue $ 0.

Advocacy and Commission is set up to advocate for the energy needs of low-income Colorado residents.

Expenses $ 330598. including grants of $ 0. Revenue $ 0.

The NFFN/NLIEC program specifically targets low-income energy advocacy nationally through the National Fuel Funds Network (NFFN) and the National Low Income Energy Consortium (NLIEC).

Expenses $ 32775. including grants of $ 1200. Revenue $ 0.

The Education & Outreach program provides information to low-income school children and their families on how to save energy.

Expenses $ 24849. including grants of $ 0. Revenue $ 159822.

The Energy Saving Kits program provides energy saving kits to cash assistance recipients that include energy saving measures such as

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Energy Outreach Colorado | 74-2543881 |

compact flourescent light bulbs.

Expenses $ 5954. including grants of $ 0. Revenue $ 0.

Form 990, Part VI, Section A, line 2: Directors Adam Goldman and Mark Sunderhuse are partners and owners in Red Rocks Capital, an investment management firm.

Form 990, Part VI, Section A, line 8b: Not Applicable. No board committees have the "authority to act on behalf of the governing body".

Form 990, Part VI, Section B, line 11: Form 990 is reviewed in detail by the organization's Audit Committee and subsequently delivered to all members of the Board of Directors for review and approval prior to submittal to the IRS.

Form 990, Part VI, Section B, Line 12c: At the September board meeting, the Board Members fill out new Conflict of Interest Policy forms and notify the Executive Director and the Board of any conflicts during the fiscal year.

Form 990, Part VI, Section B, Line 15: Compensation for all employees is benchmarked to the Mountain States Employers Counsel (MSEC) "Nonprofit Compensation Survey" which provides benchmarking information for the Denver area and Colorado. The Executive Director's compensation is set annually by the Board of Directors. In considering compensation for the Executive Director, the Board of Directors utilizes the Mountain State Employers

**SCHEDULE O** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
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OMB No 1545-0047

**2009**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
| --- | --- |
| Energy Outreach Colorado | 74-2543881 |

Council salary survey as a general guideline and considers performance of the organization and the Executive Director to goals established at the beginning of the fiscal year, and overall economic conditions. Any changes to the Executive Director's compensation are reviewed and approved by the full Board of Directors.

Form 990, Part VI, Section C, Line 19: The organization's governing documents, conflict of interest policy, and financial statements are made available to the public upon request.

Form 990, Part XI, Line 2c

The organization's oversight process and selection process did not change during the year.

Form 8868 (Rev. January 2011) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

| Type or print | Name of exempt organization | Employer identification number |
|---|---|---|
| File by the due date for filing your return See instructions | Energy Outreach Colorado | 74-2543881 |
| | Number, street, and room or suite no If a P.O. box, see instructions. 225 E 16th Ave, No. 200 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver, CO 80203-1612 | |

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ Rose Reed 225 E 16th Ave, No. 200 - Denver, CO 80203-1612
  Telephone No. ▶ 303-825-8750 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning OCT 1, 2009, and ending SEP 30, 2010.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ 0. |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. | 3b | $ 0. |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | 3c | $ 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2011)

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01-03-11