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Department of the Treasury

For the 2011 calendar year, or tax year beginning

Energy Outreach Colorado

Denver, CO 80203-1612

City or town, state or country, and ZIP + 4

F Name and address of principal officer. Sanders Arnold

___ 501(c) (

C Name of organization

Doing Business As

225 E 16th Ave

same as C above

Tax-exempt status: X 501(c)(3)

K Form of organization: X Corporation

J Website: ▶ www.energyoutreach.org

Internal Revenue Service

Check if applicable

Address change

]Name change

Initial return

Termin-

Amended return

Applica-

pending

SCANNED MAR 15

Part I Summary

Return of Organization Exempt From Income Tax

2011

(insert no.)

Association

OCT 1,

Number and street (or P.O. box if mail is not delivered to street address)

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

OMB No 1545-0047

20,980,098.

Yes 🗓 No

M State of legal domicile; CO

Inspection

E Telephone number

H(a) Is this a group return

H(b) Are all affiliates included?

H(c) Group exemption number ▶

for affiliates?

G Gross receipts \$

L Year of formation: 1989

D Employer identification number

74-2543881

303-825-8750

If "No," attach a list (see instructions)

benefit trust or private foundation) Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements.

Room/suite

boo

4947(a)(1) or 1

Other >

and ending SEP 30, 2012

Briefly describe the organization's mission or most significant activities. To help low-income Coloradans Governance afford home energy through energy assistance and energy efficiency if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 5 Total number of individuals employed in calendar year 20 in (Part V, line 2a) 17 5 13 6 Total number of volunteers (estimate if necessary) 6 S 7 a Total unrelated business revenue from Pantylli, column (C), line 3223 b Net unrelated business taxable income from Form 990-T, line 34 24.083. 7a Ś 17,570. **Prior Year Current Year** OGDEN, UT 19,556,839 20,133,278. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. 985.077 744,711. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 224,918 24,073. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20,766,834 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 20,902,062. 9,843,187 10,997,405. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 1,367,563 1,326,525. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 436,290. **b** Total fundraising expenses (Part IX, column (D), line 25) 8,169,120 8,726,664. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19,379,870 21,050,594. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,386,964. <148,532. 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 22,701,709 20 Total assets (Part X, line 16) 25,207,989. 21 Total liabilities (Part X, line 26) 40,201 201,190, 22,661,508, 25,006,799 Net assets or fund balances Subtract line 21 from line 20 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. Signature of officer Sign 1/30/13 Sanders Arnold, Executive Director Here Type or print name and title Print/Type preparer's name Preparer's signature Check 1-25-13 Paid Steven R. Corder, CPA 01363943 self-employed Kundinger, Corder & Engle P.C. Preparer Firm's name Firm's EIN Firm's address 475 Lincoln Street, Suite 200 Use Only Denver, CO 80203 Phone no. (303) 534-5953 May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2011)

Form 990 (2011) Energy Outreach Colorado Part IV Checklist of Required Schedules

			T	
_	le the constant described at acceptant 501(a)(2) on 4047(a)(4) (attended to the constant of th		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	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ĭ	public office? If "Yes," complete Schedule C, Part I] з		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	F		_
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
4	Part VI	11a	х	
b	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	11b		х
c	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	11c		х
d	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	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	_
120	Schedule D, Parts XI, XII, and XIII	12a	x	İ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15		<u>x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		J
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 -
	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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Part IV	Checklist of Required Schedules	continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х.	
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		<u> </u>
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		х	
04-	Schedule J	23		
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	040		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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)	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>x</u>
	An entity of which a current or former officer, director, trustee, or key employee; in 763, complete schedule E, rait 19 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	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		х
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		Х
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?			
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>x</u>
Б	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		 -
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-~	\dashv	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	х	
		Form	9 <mark>90</mark> (2	2011)

Form **990** (2011)

Enter the number reported in Box 3 of Form 1096. Enter -0- in for applicable be 1ste in the number of Forms W2G included in the 1st. Enter -0- in for applicable be 1ste in the number of Forms W2G included in the 1st. Enter -0- in or applicable be 1st. bull bull bull bull bull bull bull bul	Par	V Statements Regarding Other IRS Filings and Tax Compliance			
tal Enter the number reported in Box 3 of Form 1056 Enter 5-4 finot applicable Enter the number of Forms W220 included in the la Enter-6 of Ind applicable Cold the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return I if at least one is reported on the 23, did the organization file all required federal employment tax returns? 2a If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bird the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bird the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bird the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bird the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bird the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bird A All any time the name of the foreign country (such as a bank account, securities account, or other financial account) Bird the file of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Bird the file of the		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Enrish W2G included in line 1s Enter of Incl applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambining) writings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendary ear ending with or within the year covered by this return 1 to 1 to 1 to 1 to 2 to 1 to 2 to 1 to 1				Yes	No
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a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Reflect for the calendar year ending with or within the year covered by this return 17 20 17 20 20 20 20 20 20 20 2	b	Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable 1b 0			
2a Eiter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 2a 17 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 issum of lines 1a and 2a is greater than 20, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If If Yes, *Ins at filled a Form 990-T for this year? If Yes, *Ins at filled a Form 990-T for Tib Foo 22.1, Report of Foreign Bank and Francisal Accounts. 5b If Yes, *Ins at comparization a party to a prohibited tax shelter transaction? 6c If Yes, *In the 5a of 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 6c If Yes, *Ins at the season of 5b, did the organization that If was or is a party to a prohibited tax shelter transaction? 6c If Yes, *Institutions that were not tax deductible? 6d If Yes, *Institutions that were not tax deductible? 6d If Yes, *Institutions that were not tax deductible? 6d If Yes, *Institutions that the yes at the this year at the transaction and party for poods and services provided to the payor? 7d If Yes, *Institutions that may receive deductible contributions under section 170(e). 8d If Yes, *Institutions that may receive deductible contributions under section 170(e). 9d If Yes, *Institutions that may receive deductible co	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Miles for the calendary year ending with or within the year covered by this return 2a 1 1 2 3 3 3 3 3 3 3 3 3		(gambling) winnings to prize winners?	1c		
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 20, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If 1 Yes, * has it filed a form 980-T for this year? If *No*, * prowde an explanation in Schedule O 3a 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 At any time during the calendar year, did the organization was a bank account, securities account, or other financial account)? 5b If *Yes,* for the throagin country (such as a bank account, securities account, or other financial account)? 5c If *Yes,* for line 5a or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* for line 5a or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* for line 5a or 5b, old the organization that it was or is a party to a prohibited tax shelter transaction? 5c If *Yes,* for line 5a or 5b, old the organization in line Form 8886:7? 6d Does the organization in include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6d If *Yes,* for dithe organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6d If *Yes,* for dithe organization include with very solicitation and exprise property for which the was required to the Form 8282? 6d If *Yes,* for the organization makes apprend in excass of \$75 made party as a contribution and partyle for goods and services provided to the payor? 7d If *Yes,* for the organization makes apprend in excass of \$75 made partyle as a contribution and partyle for goods	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has field a Form 990-T for this year? if "No", prowde an explanation in Schedule O 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)? See instructions for filing requirements for Form TDF 90/22.1, Report of Foreign Blank and Financial Accounts. Sa Was the organization apent to a prohibited tax shelter transaction? 5a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b if "Yes," has it flied a Form 990-T for this year? if "No," provide an explanation in Schedule O 4a At any time dump 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)? 4b if "Yes," enter the name of the foreign country See instructions for 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 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b See in the Sea of So, I did the organization file Form 888617? 5c See		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A 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)? See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization apend to a sheller transaction at any time during the tax year? 5a Was the organization apend to a sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization that of the organization are over any contributions that were not tax deductible? 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? 6b If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution of tangble personal property for which it was required to file Form 8282? 8 Did the organization receive a payment in excess of \$75 made partly as a contribution of undersective to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 10899 as required? 8 If the organization received a contribution of qualified intellectual property, did the organization file Form 10894. 9 Sponsoring organization sential ining donor advised funds. 10 Did the organization make any taxable distributions under section 4966? 11 Section 501(c)(12) organizations. Enter 12 In the organization m			3a		
b If "Yes," enter the name of the foreign country Seu enstructions for 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b If "Yes," indicate the number of Forms 8282 filed during the year 0 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 1 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 1 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Spensoring organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting N/A organization sell, end or advised funds and section 599(a)(3) supporting organizations. Did the supporting N/A organizations and advised funds and section 599(a)(3) supporting organizations. Did the supporting N/A organizations and advisable distributions under section 4966? N/A 10a 10b 10c 10c 1			3b	х	
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	а	Did the organization make any taxable distributions under section 4966?	9 a		
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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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	10	1 1			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		· · · · · · · · · · · · · · · · · · ·			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Interest received or accrued during the year N/A 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Interest organization licensed to issue qualified health plans in more than one state? 15 Interest organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 16 Interest organization is licensed to issue qualified health plans 17 Interest organization is licensed to issue qualified health plans 18 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is licensed to issue qualified health plans 19 Interest organization is	11				
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	-				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	40-		40-		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c 14a X					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			120		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	а	to the organization house to look qualities from plants in his organization	ısa		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h	- ,			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	D	· · · · · · · · · · · · · · · · · · ·			
14a Did the organization receive any payments for indoor tanning services during the tax year?	c				
- La Pia nie digamento i punto i antico		· · · · · · · · · · · · · · · · · · ·	14a		х
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Energy Outreach Colorado 74-2543881 Page
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

	Check if Schedule O contains a response to any question in this Part VI						<u> </u>
Sec	tion A. Governing Body and Management				—г		
		Ι.	1	ء ۽ ٦		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13	5 . 25 ¥	رب چ	
	If there are material differences in voting rights among members of the governing body, or if the governing		1			1.	4
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	1		37.5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u></u>	13			·
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	ļ	33	٠ د	· .
	officer, director, trustee, or key employee?			L	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		L	5		Х
6	Did the organization have members or stockholders?			L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		1		
	more members of the governing body?			L	7a		х
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	1	-		
	persons other than the governing body?			L	7b		_х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	ne following:		法	NI V	3
а	The governing body?			1	8a	x	L
b	Each committee with authority to act on behalf of the governing body? N/A				8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the		7		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			1	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code)				
			·		T	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		_	Γ	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,	ſ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		ļ	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form	n?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_		花头		感
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			l	12a	X	1 '
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?		12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")						
	in Schedule O how this was done	•		-	12c	x	1
13	Did the organization have a written whistleblower policy?			- 1	13	x	
14	Did the organization have a written document retention and destruction policy?			f	14	х	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent	Ī	1	沙滨	1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		l	意學		
а	The organization's CEO, Executive Director, or top management official			ľ	15a	X	ZaT _
b	Other officers or key employees of the organization	•		1	15b	x	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ŀ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a	ļ			
	taxable entity during the year?				16a	SM3273	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation	Ì		188	1888
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organisms.						
	exempt status with respect to such arrangements?		51, 5		16b	200	Jr.3.
Sec	tion C. Disclosure				100		
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 (Sec	tion 501(c)(3)s c	only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,	= = . (5)(5)5 6	,, -		-	
	X Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest notice	v and	i finar	icial	
	statements available to the public during the tax year.	J. 111101	. Joroot polic	.,, unc	α	,	
20	State the name, physical address, and telephone number of the person who possesses the books a	and re-	cords of the ora	anızat	ion 🕨	•	
20	Rose Reed - 303-825-8750		co.as or the org	ai nZali	,		
	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

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. 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 neither the organization	nor any related	orga	anıza	ation	cor	npei	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ntion	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ot check more than one unless person is both an er and a director/trustee)				compensation	compensation	amount of
	week	-			Ctor/a distee)		from	from related	other	
	(describe hours for	trustee or director			ŀ		İ	the	organizations	compensation
	related	e or d	fee			sated	1	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Tage 1	nstitutional trustee		yee	mpeu		(** 2) 1033 111100)		and related
	ın Schedule	Individual	uton	<u> </u>	Key employee	st co oyee	ᡖ			organizations
	0)	횰	Instit	Officer	Keye	Highest compensated employee	Former	İ		
(1) Dian Callaghan										
Secretary	3.00	х		х				0.	0.	0.
(2) Adam Goldman										
Board Member	3.00	Х						0.	0.	0.
(3) Joel Johnson										
President	3.00	х		х				0.	0.	0.
(4) Patricia Nelson Limerick					1		1			
Board Member	3.00	Х			L_	<u> </u>		0.	0.	0.
(5) Tom O'Donnell	ľ									
Board Member	3.00	х						0.	0.	0.
(6) Howard Boigon			1	1						
Board Member	3.00	х	L				L	0.	0.	0.
(7) John A. Harpole			l							
Board Member	3,00	X						0.	0.	0.
(8) Jim Lightner										
Vice President	3.00	Х	L	х				0.	0.	0.
(9) Michael J McFadden			ĺ		ĺ					
Treasurer	3.00	Х		х				0.	0.	0.
(10) Mark Sexton	1			Ì	1		1		Į.	
Board Member	3.00	Х		<u> </u>				0.	0.	0.
(11) Mark Sunderhuse	ŀ		l							•
Board Member	3.00	Х			<u> </u>			0.	0.	0.
(12) Jack Swift										
Board Member	3,00	Х		<u> </u>	L		_	0.	0.	0,
(13) Troy L Whitmore					İ					
Board Member	3.00	X	_	L	<u> </u>	<u> </u>		0.	0.	0.
(14) Sanders Arnold										
Executive Director	40.00			X		L		217,783.	0.	19,456.
(15) Rose Reed				İ						
Director, Administrative S	40.00	$ldsymbol{f eta}$	<u> </u>	х	L_		<u> </u>	76,679.	0.	8,047.
(16) Jennifer Gremmert				1			ŀ			
Deputy Director	40.00	 _	<u> </u>	_	<u> </u>	х		137,203.	0.	12,889.
		닟	<u> </u>				<u>L</u>			

D1/11							••						- 3-
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	1	(B) (C) Average Position						(D)	(E)			(F)	
Name and title			not c	heck	more	than			Reportable			stimate	
	hours per week		, unle cer an						compensation		ar	nount	
	(describe	fo						from the	from related organizations		com	other pensa	
	hours for	direc				, ,		organization	(W-2/1099-MIS			om th	
	related	tee or	nstee			ensate		(W-2/1099-MISC)	`	-,		anızat	
	organizations	al trus	nal tr		loyee	lg .	1				an	d relat	ted
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former				orga	anızatı	ions
		重	<u>r</u>	ij0	ē.	₹5	Ē						
						i	ı						
		_	\vdash		\vdash	-	╀				<u> </u>		
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		\vdash	-		H	-	┢	 		—			
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			\vdash				1						-
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				_									
	l	i											
				!									
							Γ		_				
1b Sub-total								431,665.		٥.		40	392.
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		431,665.		0.		40	392.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wl	ho r	eceived more than \$100	,000 of reportable	е			
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer,		ustee	e, ke	у еп	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										1	4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		relat	ted organization or indivi	idual for services		اہا		v
Section B. Independent Contractors	piete Scriedali	C J 1	UI SL	icii	pers	UII					5_		<u> </u>
Complete this table for your five highest co	mnensated inc	dene	ahde	nt c	ontr	racto	ore f	that received more than	\$100,000 of com		ation f	rom	_
the organization Report compensation for										pens	alion	ioni	
(A)	ino calonidar y	<u> </u>	311011	·g ·		<u> </u>	1	(B)	ycai		(0	21	_
Name and business	address						ı	Description of s	ervices	C	ompe	-	n
C&D Builders, 14 Inverness Drive, Sui	.te							<u> </u>					
G-136, Englewood, CO 80112								General contractor	İ		2	431	998.
US Engineering Company													
3433 Roanoke Road, Kansas City, MO 64	1111							Mechanical work			1	,079,	445.
Broomhall Brothers							\neg			-			
1919 W. 12th Place, Denver, CO 80204							_	Mechanical work			1	,009,	507.
Front Range Commercial Windows and Do							\Box						_
651 Garrison Street, Lakewood, CO 802	215							Windows and instal	lation			881,	916.
Advanced Hydronics, Inc.													

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Mechanical work

631,840.

1426 W. Maple Avenue, Denver, CO 80223

\$100,000 of compensation from the organization

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
15 t	1 a	Federated campaigns	1a		,			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
P,E	c	Fundraising events	1c	131,289.		ļ		
消息		Related organizations	1d					
S,E		Government grants (contribut	ions) 1e	9,439,128.				
ĒΩ		All other contributions, gifts, gran						
돌림		similar amounts not included above		10,562,861.				
들의	c	Noncash contributions included in lines						
a S	h	Total. Add lines 1a-1f			20,133,278.			
				Business Code				
ا يو	2 a	·						
ار کے	- t							
S E	c			·	·	,		
Program Service Revenue	c				-			
9	e					-		
4	f	- 11	enue					
		Total. Add lines 2a-2f					· · · · · · · · · · · · · · · · · · ·	
\neg	3	Investment income (including	dividends, intere	est, and		-		
		other similar amounts)		•	567,869.	[24,083.	543,786.
	4	Income from investment of ta	x-exempt bond r	proceeds				
	5	Royalties	•	•				
	_	, ,	(ı) Real	(II) Personal				
	6 a	Gross rents						
]	b							
		: Rental income or (loss)						
		Net rental income or (loss)		•			·	.
		Gross amount from sales of	(i) Securities '	(II) Other	· · · · · · · · · · · · · · · · · · ·			
		assets other than inventory	176,842.	1 1/				
	b	Less: cost or other basis						,
		and sales expenses	0.					
	c	Gain or (loss)	176,842.					
1		Net gain or (loss)			176,842.	-	•	176,842.
ام	8 a		a events (not					
žΙ			,289. of					
Other Revenue		contributions reported on line	1c), See	1				
بة (ي		Part IV, line 18	, a	78,036.	•			'
₽	b	Less: direct expenses	b	78,036.				
0		Net income or (loss) from fund	draising events		0.			
		Gross income from gaming ac	_					
- 1		Part IV, line 19	а	1				
- 1	Ł	Less direct expenses	b			•		
		Net income or (loss) from gam	ning activities	•				-
		Gross sales of inventory, less						
]		and allowances	а]				•
1	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	•		1	-	-
Ī		Miscellaneous Revenu		Business Code				-
Ì	11 a			900099	24,073.	21,272.]	2,801.
	t)						
Ì		All other revenue						
	6	Total. Add lines 11a-11d		. •	24,073.			
	12	Total revenue. See instructions.	_ •	>	20,902,062.	21,272.	24,083.	723,429.
13200 01-23	9 -12							Form 990 (2011)

74-2543881

Form 990 (2011) Energy Outreach Color 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).

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	10,997,405.	10,997,405.	···	
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	340 004	201 005	40 545	17 444
_	trustees, and key employees	348,884.	281,895.	49,545.	17,444
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	774,953.	673,361.	26,464.	75,128
7	Other salaries and wages			20,404.	75,128
8	Pension plan accruals and contributions (include	64,382.	55 270	2,891.	6 221
_	section 401(k) and section 403(b) employer contributions)	57,763.	55,270. 50,767.	3,539.	6,221 3,457
9	Other employee benefits	80,543.	68,146.	5,282.	7,115
10	Payroll taxes		- 00,140.	3,202.	7,113
11	Fees for services (non-employees):				
_					
b	Legal .				
C	Accounting .	16,667.	16,667.		
d	Lobbying Professional fundraising services. See Part IV, line 17		10,007.		
e		60,390.		60,390.	
f	Investment management fees	8,086,083.	7,929,893.	27,910.	128,280
g 40	Other Advertising and promotion	0,000,003.	7,323,033.	27,310.	
12 13	Office expenses	286,497.	100,445.	5,474.	180,578
14	Information technology				200,570
15	Royalties				
16	Occupancy	107,325.	93,223.	6,777.	7,325
17	Travel	49,105.	44,225.	1,613.	3,267
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	68,097.	63 124.	1,876.	3,097
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,782.	6,707.	518.	557
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount. list line 24e expenses on Schedule O.)				
а	Equipment Maintenance &	38,119,	33,230.	2,266.	2,623
a b	Materials	4,944.	4,944.		
C	Miscelleanous	1,338.	-,	160.	1,178
d	Taxes & Licenses	317.	209.	88.	20
e					
25	Total functional expenses. Add lines 1 through 24e	21,050,594.	20,419,511.	194,793.	436,290
20 26	Joint costs. Complete this line only if the organization	· · · · · · · ·	,, -,		
	reported in column (B) joint costs from a combined	l			
	educational campaign and fundraising solicitation.				
	Check here X If following SOP 98-2 (ASC 958-720)			i i	

	t X	Balance Sheet			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			41.	1	65
1	2	Savings and temporary cash investments		ļ ,	349,493.	2	2,229,010
i	3	Pledges and grants receivable, net		ļ l		3	
	4	Accounts receivable, net		<u> </u>	2,163,333.	4	850,113
1	5	Receivables from current and former officers, di	rectors	trustoes kov		1	
	•	employees, and highest compensated employee		· · · · ·			
I		of Schedule L	.3 00	inplete i alt ii		5	
	6	Receivables from other disqualified persons (as	define	d under section			
	J	4958(f)(1)), persons described in section 4958(c					
- {		employers and sponsoring organizations of sect		· 1			
ţ2	7	employees' beneficiary organizations (see instru	CHOIS	'		6	
Assets	7	Notes and loans receivable, net Inventories for sale or use		-		7	
₹	8			•	12,944.	8	14,587
	9	Prepaid expenses and deferred charges	1	,	12, 344.	9	14,307
ľ	iua	Land, buildings, and equipment cost or other	40-	112,413.			
l		basis Complete Part VI of Schedule D	10a 10b	112,413.	0.		0
		Less accumulated depreciation	LIUB	112,413.	18,763,790.	10c	20,921,260
	11	Investments - publicly traded securities		}	1,412,108.	11	1,192,954
	12	Investments - other securities See Part IV, line 1		}-	1,412,100.	12	1,192,934
l	13	Investments - program-related See Part IV, line	11	}		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			22 701 700	15	25 207 000
	16	Total assets. Add lines 1 through 15 (must equ	ai iine	34)	22,701,709.	16	25,207,989
ŀ	17	Accounts payable and accrued expenses			40,201.	17	103,152
	18	Grants payable	<u> </u>		18	00.030	
1	19	Deferred revenue .		19	98,038		
	20	Tax-exempt bond liabilities	. <u>.</u>		20		
Liabilities	21	Escrow or custodial account liability Complete I		F		21	
ij	22	Payables to current and former officers, director					
ia		highest compensated employees, and disqualifi	ea per	sons. Complete Part II		,	
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		· -		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		ļ.	40.001	25	
	26	Total liabilities. Add lines 17 through 25			40,201.	26	201,190,
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
Se		lines 27 through 29, and lines 33 and 34.				}	05 004 205
au	27	Unrestricted net assets		-	22,645,231.	27	25,004,397
Ba	28	Temporarily restricted net assets		·	16,277.	28	2,402
[]	29	Permanently restricted net assets		·		29	
호		Organizations that do not follow SFAS 117, c	neck h	iere 🕨 📖 and		1	
5		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	A
	33	Total net assets or fund balances		<u> </u>	22,661,508.	33	25,006,799.
	34	Total liabilities and net assets/fund balances			22,701,709.	34	25,207,989. Form 990 (2011)

Form	990 (2011)	Energy Outreach Colorado	74-2543881		Pa	ge 12	
Pa	t XI Reconciliati	on of Net Assets					
	Check if Schedi	ile O contains a response to any question in this Part XI				x	
1	Total revenue (must e	qual Part VIII, column (A), line 12)	1	20	,902	,062.	
2	Total expenses (must	equal Part IX, column (A), line 25)	2		<u> </u>	,594.	
3	3 Revenue less expenses Subtract line 2 from line 1				<148		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					,508.	
5	Other changes in net	assets or fund balances (explain in Schedule O)	5	2	,493	,823.	
6		ances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25	,006	,799.	
Pa	t XII Financial St	atements and Reporting					
	Check if Schedi	ile O contains a response to any question in this Part XII				х	
		```			Yes	No	
1	Accounting method u	sed to prepare the Form 990: Cash X Accrual Other					
	If the organization cha	nged its method of accounting from a prior year or checked "Other," explain in Schedule	0	ĺ			
2a	Were the organization	s financial statements compiled or reviewed by an independent accountant?		2a		х	
b	Were the organization	s financial statements audited by an independent accountant?		2b	х		
С	If "Yes" to line 2a or 2	o, does the organization have a committee that assumes responsibility for oversight of th	e audıt,				
	review, or compilation	of its financial statements and selection of an independent accountant?		2c	x		
	If the organization cha	nged either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2	o, check a box below to indicate whether the financial statements for the year were issue	d on a		i		
	separate basis, conso	idated basis, or both:					
	X Separate basis	Consolidated basis Both consolidated and separate basis					
За	As a result of a federa	award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt				
	Act and OMB Circular	A 133?	-	За	х		
b	If "Yes," did the organ	zation undergo the required audit or audits? If the organization did not undergo the requ	red audit				
	or audits explain why	on Schedule O and describe any stone taken to undergo such audite		25	x		

Form **990** (2011)

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

Internal Revenue Service

**Public Charity Status and Public Support** Department of the Treasury

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

Open to Public Inspection

Name of	the organizati	on		-		·		E	mployer	identification number		
			reach Colorado						74	-2543881		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions				
The organ	nzation is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	ox.)					
-1 ∐	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described	ın <b>section</b>	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	iii). Enter t	he hospital's name,		
	city, and stat							_				
5	_		benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	ut describe	ed in		
. $\square$		(b)(1)(A)(iv). (Comple	<u>.</u>									
6 🖳			ent or governmental uni									
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	oublic described in		
• 🗀	section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8       9	-			•			h					
9			eives (1) more than 33							= -		
		•	nctions - subject to certa axable income (less sect			•				· ·		
		509(a)(2). (Complete		uon o i i ta	ix) iroiii bu	311103503 6	acquired b	y the org	ariization a	aiter Julie 30, 1975		
10 🔲			perated exclusively to te	st for nubl	ic safety 5	See sectio	n 509(a)(4	11				
11	•	•	perated exclusively for the	•	-			•	ry out the	nurnoses of one or		
			ations described in section						-	• •		
			organization and comple		-		,		(/(-/			
	а 🔲 Туре	ı b _	☐ Type II C	тур	e III - Func	tionally int	egrated		d 🗔	Type III - Other		
е 🔲	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	squalified p	persons other than		
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	onbed in s	ection 50	9(a)(1) or s	section 509(a)(2)		
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре І, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pei	rsons?			
	• • •		irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and	(III) below,			
	=		upported organization?							11g(i)		
		•	n described in (i) above?		•					11g(ii)		
		•	person described in (i) o	, ,				•		11g(iii)		
h	Provide trie i	ollowing information	about the supported or	ganization	(S)							
/:> Alama		(::NEIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	ı notify the	(vi) I	s the	6-23 A		
	of supported anization	(ii) EIN	organization		sted in your	organizat		organizát		(vii) Amount of support		
J. 9			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	[ <b>'',</b> 0', 9 U.S	5.7	опрот		
			(see instructions))	Yes	No	Yes	No	Yes	No			
	•											
								İ	1 1			
	<del></del>								1			
								ļ				
	<del></del>			-					1			
	<del></del>											
							_		+	<del></del>		
Total												

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 13,523,032. 10,756,524 15,896,513 19,556,839 20,133,278 79,866,186. 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 13,523,032. 10,756,524, 15,896,513. 19,556,839. 20,133,278, 79,866,186. 4 Total. Add lines 1 through 3 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) 38,132,829. 41,733,357. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2009 (d) 2010 (a) 2007 (b) 2008 (e) 2011 (f) Total 7 Amounts from line 4 13,523,032 10,756,524 15,896,513 19,556,839 20,133,278 79,866,186.

8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	691,954.	565,990.	459,188.	552,818.	543,786.	2,813,736
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	16,472.		16,850.	7,244.	24,083.	64,649
10	Other income Do not include gain						
	or loss from the sale of capital	ì				,	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						82,744,571
12	Gross receipts from related activities	, etc (see instructio	ns)			12	739,445

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

Se	ction C. Computation of Public Support Percentage		 	
14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	50.44	9/
15	Public support percentage from 2010 Schedule A. Part II. line 14	15	49.75	0,

16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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

Schedule A (Form 990 or 990-EZ) 2011

► X

### Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)
Section A. Public Support

<u> </u>	ation A. I abile cuppert						
Cale	ndar year (or fiscal year beginning in) 🗪	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				ľ	1	
	membership fees received (Do not						
	include any "unusual grants ")		<u> </u>				
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 bus-						
	iness under section 513				}	1	
4	Tax revenues levied for the organ-						
	ization'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				<u> </u>		_
6	Total. Add lines 1 through 5						
<b>7</b> a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				ļ		
t	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)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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						
t	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 carned on						
12	Other income. Do not include gain				-		
	or loss from the sale of capital				1		
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	d fourth or fifth t	ax vear as a sect	on 501(c)(3) organiz	ration
• •	check this box and stop here	ano organization	5 1 51, 5555114, 11	a, 10a1111, 01 11111111	an your as a cook	on oo rojoj organiz	<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
_	Public support percentage for 2011 (	<del></del> _	_ <del></del>	column (fl)		15	%
	Public support percentage from 2010			Solariir (1))		16	<u>%</u>
	ction D. Computation of Inve					110.1	
					<del></del>	17	
17	Investment income percentage from	,		iic 10, coluitiii (i))		18	<u>%</u>
18	, ,	•	•	on line 14, and line	a 15 is mara than		
196	a 33 1/3% support tests - 2011. If the	-					I / IS HOL
	more than 33 1/3%, check this box a	-	-				<b>₽</b>
	33 1/3% support tests - 2010. If the	•			•	•	
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ою посспеск а	DOX 011 mig 14, 19	a, or 190, check t	III 998 DOX AND SEE II	ISTUCTIONS	┸┖

### SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

section 527

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		_	
Nan	ne of organization			Empl	oyer identification number
		reach Colorado			74-2543881
Pa	art I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politi	cal campaign activities	ın Part IV ▶\$	
Pε	art I-B Complete if the org	janization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax			▶\$	<del></del>
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	· · ·	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	) for this year?		Yes No
<b>4</b> a	Was a correction made?	· ·	•		Yes No
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the orc	janization is exempt und	der section 501(c)	<del>``</del>	c)(3)
	Enter the amount directly expended	_			
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	_	
_	exempt function activities			▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		
	line 17b	1120 DOL for this year?		▶\$	Yes No
	Did the filing organization file Form	· ·	INI) of all cooting EQ7 pe	alitical evaporations to which	
5	Enter the names, addresses and er made payments For each organiza	•	•	-	• •
	contributions received that were pr	-			•
	political action committee (PAC) If	· · ·			
	(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
		-			
			<u> </u>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 Energy	Outreach (	Colorado		74-254	3881 Page 2
Part II-A   Complete if the organiza	tion is exe	mpt under sectio	n 501(c)(3) and file		3881 Page 2
(election under section 5	01(h)).				
A Check I if the filing organization belo	ongs to an affi	iliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of exc	ess lobbying	expenditures)			
B Check ▶ ☐ If the filing organization che	cked box A a	nd "limited control" pro	visions apply		
Limits on Lo (The term "expenditures"	bbying Expe means amou		)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a	•			16,667.	
c Total lobbying expenditures (add lines 1a	•	, , , , ,	ľ	16,667.	
d Other exempt purpose expenditures	•		ľ	20,597,637.	
e Total exempt purpose expenditures (add li	nes 1c and 1d	d)	·	20,614,304.	
f Lobbying nontaxable amount. Enter the ar		•	h columns	1,000,000.	
If the amount on line 1e, column (a) or (b) is:	1	bying nontaxable am			
Not over \$500,000	1	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	<del>-</del>	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	1	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,				
		. <u></u>			,
g Grassroots nontaxable amount (enter 25%	of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zero or less	s, enter -0-			0.	
i Subtract line 1f from line 1c. If zero or less	, enter -0-			0.	
j If there is an amount other than zero on er	ther line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
	that made a s below. See th	e instructions for line	n do not have to comp es 2a through 2f on pa		
Lo	bbying Expe	nditures During 4-Yea	ar Averaging Period	· ,	
Calendar year (or fiscal year beginning in)	a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
(1,0010,010.221,0010(0))					-,000,000.
c Total lobbying expenditures			16,667.	16,667.	33,334.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.

Schedule C (Form 990 or 990-EZ) 2011

750,000.

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Schedule C (Form 990 or 990-EZ) 2011 Energy Outreach Colorado 74-2543881 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity	Yes	No	Amo	ount	
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?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		·			
c Media advertisements?					
d Mailings to members, legislators, or the public?			<del></del>		
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</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)(6).	ion 501(c)	(5), or se	ection		
301(0)(0).			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
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### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

Pai	t L. Organizations Maintaining Densy Advise	d Frieds or Other Similar Frieds or	74-2543881
Fai			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	writing that the assets held in donor advised fu	inds
	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 a	dvisors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	• • •	Yes No
Pai		janization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		<del>-</del>
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified i	
	Preservation of open space	Treservation of a certified i	nistoric structure
2	Complete lines 2a through 2d if the organization held a qualif	and concentation contribution in the form of a	
_	day of the tax year	led conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
-	Total number of conservation easements		·   · · · · · · · · · · · · · · · · ·
	Total acreage restricted by conservation easements		26
	Number of conservation easements on a certified historic stri	icture included in (e)	2b
_			2c
d	Number of conservation easements included in (c) acquired a	arter 6/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
4	year		
4 5	Number of states where property subject to conservation eas		
3	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	· ·	
7 8	Amount of expenses incurred in monitoring, inspecting, and e		
٥	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170(n)(4)(	
			Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the o	rganization's accounting for
Par	conservation easements t III   Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assats
	Complete if the organization answered "Yes" to Form		Similar Assets.
12	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	and belongs about wells of all
	historical treasures, or other similar assets held for public exh		
			public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public si	ervice, 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treating		, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

Sche		each Colorado						74-2543	881	Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a si	gnificant	use of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	d	· 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further tl	he organizat	ion's exer	npt purpo	se in Par	t XIV	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	ınızatıon's co	ollection?	_			Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	ssets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212						Yes	No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete r	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10	0			
		(a) Current year	<b>(b)</b> F	rior year	(c) Two yea	rs back (	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions						-			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		-			1				
е	Other expenditures for facilities						-		l	******
	and programs					ļ				
f	Administrative expenses									
g	End of year balance									,
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as	•				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<del></del> %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation		
	by								Γ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	), Part X	(, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>е</u>	Other				112,413.		112,	413.		0.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	nn (B), line 1	10(c).)				_	0.

74-2543881

Schedule D (Form 990) 2011

Energy Outreach Colorado

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 Energy Outreach Colorado			74-2543881	Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Finan	cial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		20,902,062.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		21,050,594.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<148,532.
4	Net unrealized gains (losses) on investments		4		2,493,823.
5	Donated services and use of facilities .		5		
6	Investment expenses		6		
7	Pnor period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		2,493,823.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		2,345,291.
-	t XII Reconciliation of Revenue per Audited Financial Statem			Return	
1	Total revenue, gains, and other support per audited financial statements			1 1	22,934,218.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			<u> </u>	
а	Net unrealized gains on investments	2a 2	2,493,823		
b	Donated services and use of facilities	2b	, ,	1	
c	Recoveries of prior year grants	2c	-	-	
d	Other (Describe in Part XIV.)	2d	<60,390	-	
	Add lines 2a through 2d	_ 20	(00,370	<b>−</b>   ·	2 422 422
		÷		2e	2,433,433.
3	Subtract line 2e from line 1			3	20,500,785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a	404 000	_	
b	Other (Describe in Part XIV.)	4b	401,277	'⊣	
С	Add lines 4a and 4b			4c	401,277.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	20,902,062.
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ments With Expe	enses pe	r Return	
1	Total expenses and losses per audited financial statements			1	20,588,927.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
С	Other losses	2c		7 1	
d	Other (Describe in Part XIV.)	2d		7	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	20,588,927.
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			
h	Other (Describe in Part XIV )	4b	461,667	d	
	Add lines 4a and 4b	- 10 I		┥.	461,667.
_	•			4c	
Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIV Supplemental Information			5	21,050,594.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part				
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also cor	nplete this part to pro	vide any a	dditional inform	ation
Part	XII, Line 2d - Other Adjustments:				
Inve	estment Fees	-60,390.			
11176	stment rees				
Part	XII, Line 4b - Other Adjustments:				
LEAF	Pass through	401,277.			
Part	XIII, Line 4b - Other Adjustments:				
		<del></del>		Schedule D (	Form 990) 2011

Schedule D (Form 990) 2011 Energy Outreach Colorado		74-2543881	Page 5
Schedule D (Form 990) 2011 Energy Outreach Colorado  Part XIV Supplemental Information (continued)			
Investment Fees	60,390.		
LEAP Pass through	401,277.		
Total to Schedule D, Part XIII, Line 4b	461,667.		
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#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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.

2011

Open To Public

Name of the organization **Employer identification number** Energy Outreach Colorado 74-2543881 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? __ Yes 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 (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity have custody to (or retained by) fundraiser or entity (fundraiser) from activity or control of organization contributions? listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

•				
Schedule G	(Form 990 or 990-EZ) 20	11 Energy	Outreach	Colorado

74-2543881

Page 2

Pa	rt I	Fundraising Events. Complete if the	e organization answered	l "Yes" to Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gre				
			(a) Event #1 Golf Tournament	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
ž l						-
Revenue	1	Gross receipts	209,325.			209,325.
	2	Less Charitable contributions	131,289.			131,289.
_	3	Gross income (line 1 minus line 2)	78,036.			78,036.
	4	Cash prizes		i		
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages	14,481.			14,481.
	8	Entertainment				
	9	Other direct expenses	63,555.			63,555.
	10	Direct expense summary. Add lines 4 through	n 9 ın column (d)		<b>&gt;</b>	( 78,036)
	11	Net income summary. Combine line 3, column			<b>&gt;</b>	0.
Pa	irt l	<b>III Gaming.</b> Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		· · · · · · · · · · · · · · · · · · ·		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
ever						
œ	1	Gross revenue				
					<u> </u>	
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes			•	
Direc	4	Rent/facility costs				
	5	Other direct expenses		!		
		=	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		<b>•</b>	()
	_	Not come and a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s			<b>k</b> .	
	8	Net gaming income summary Combine line 1	i, column d, and line 7		<u> </u>	
		ter the state(s) in which the organization opera the organization licensed to operate gaming ac		states?		Yes No
b	) If "	No," explain				
	_					
		ere any of the organization's gaming licenses re Yes," explain.			year?	Yes No
	_					

Sch	nedule G (Form 990 or 990-EZ) 2011 Energy Outreach Colorado 74-2	543881	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	□ No
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?	Yes Yes	L 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:		
	Name		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
ı	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		
	Name		
	Address		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	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?	Yes	☐ No
1	<b>b</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 > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (		
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati	on (see instru	ctions)
			_
-			
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_	<del></del>		
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public OMB No 1545-0047 Inspection

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

**2 Employer identification number** (h) Purpose of grant Inery assistance for Snery assistance for Inery assistance for Snery assistance for nery assistance for nery assistance for 74-2543881 or assistance Agencies' clients gencies' clients Agencies' clients Agencies' clients Agencies' clients gencies' clients × 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. Part II can be duplicated if additional space is needed 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) ö ö ö Ö ö o. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 22,050. 000 110,250, 136,500. (d) Amount of 34,650 157,500 cash grant 63, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(c)3 501(c)3 501(c)3 74-228-5205 501(c)3 501(c)3 501(c)3 Enter total number of other organizations listed in the line 1 table 2839 W 44th Ave - Denver, CO 80211 74-2270678 74-2304144 52-0643037 84-0701701 84-1220644 General Information on Grants and Assistance Energy Outreach Colorado (p) EIN cnteria used to award the grants or assistance? Advocates Against Domestic Assault 1 (a) Name and address of organization Association for Senior Citizens Adams County Housing Authority DBA Senior Assistance Center . 7190 Colorado Blvd 6th Floor or government 6978 Colorado Boulevard CO 80022 Commerce City, CO 80022 Name of the organization Trinidad, CO 81082 Brighton, CO 80601 ACS Community LIFT 5046 W First Ave Denver, CO 80220 Commerce City, Access Housing 231 N Main St P.O. Box 696 Almost Home Part Part II ผ

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Schedule I (Form 990) (2011)

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Schedule I (Form 990) Energy Outreach Colorado  Part II Continuation of Grants and Other Assistance to Governments	h Colorado Assistance to Go	wernments and Orga	nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	:	74-2543881 Page 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
Aurora Inter-Church Task Force 1535 Clinton St Aurora, CO 80010	51-0152735	501(c)3	55,125.	0.			Enery assistance for Agencies' clients
Boulder County AIDS Project 2118 14th St Boulder, CO 80302	74-2442032	501(c)3	18,900.	.0			Enery assistance for Agencies' clients
Brain Injury Association of Colorado - 4200 W Conejos Pl #524 - Denver, CO 80204	84-0893049	501(c)3	39,900.	0			Enery assistance for Agencies' clients
Broadway Assistance Center 605 W 6th Ave Denver, CO 80204	84-0732874	501(c)3	57,500.	0	-		Enery 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	51,450.	0			Enery 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	123,900.	0			Enery assistance for Agencies' clients
Catholic Charities - Denver - Glenwood Springs - 1004 Grand Ave - Glenwood Springs, CO 81601	84-0686679	501(c)3	106,050.	0.			Enery assistance for Agencies' clients
Catholic Charities and Community Services of the Archdiocese of Denver - La - 460 Linden Center Dr - Fort Collins, CO 80524	84-0686679	501(c)3	105,000.	.0			Enery assistance for Agencies' clients
Catholic Charities and Community Services of the Archdiocese of Denver - We - 2500 1st Ave Bldg CB - Greeley, CO 80631	84-0686679	501(c)3	153,300.	.0			Enery assistance for Agencies' clients
							Schedule I (Form 990)

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Schedule I (Form 990) Energy Outreach Colorado Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ch Colorado Assistance to Go	overnments and Organ	izations in the Ur	nited States (Sche	edule I (Form 990), Pa		74-2543881 Page 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
Catholic Charities and Community Services of the Archdiocese of Denver, Inc - 4045 Pecos St - Denver, CO 80211	84-0686679	501(c)3	358,050.	0			Enery 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	368,550.	0			Enery assistance for Agencies' clients
City of Arvada 8001 Ralston Rd Arvada, CO 80001	84-6000633	501(c)3	54,200.	0.			Enery assistance for Agencies' clients
City of Fountain Utilities 116 South Main Street/PO Box 700 Fountain, CO 80817	84-6000666	501(c)3	19,950.	.0			Enery assistance for Agencies' clients
Clear Creek County 405 Argentine Street Georgetown, CO 80444	84-6000751	501(c)3	39,900.	0.			Enery assistance for Agencies' clients
Colorado East Community Action Agency - 224 1/2 Nebraska Ave - Stratton, CO 80836	84-0830367	501(c)3	38,325.	0.			Enery 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	36,750.	0.			Enery assistance for Agencies' clients
Colorado Springs Utilities Foundation (COPE) - 121 S Tejon St, 5th Floor - Colorado Springs, CO 80903	20-8643063	501(c)3	94,500.	.0			Enery assistance for Agencies' clients
Community Budget Center 555 Yampa Ave Craig, CO 81625	84-0799337	501(c)3	52,500.	,0			Enery assistance for Agencies' clients Schedule   (Form 990)
							Oceanie (Form 330)

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Schedule I (Form 990) Energy Outreach Colorado  Part II   Continuation of Grants and Other Assistance to Governments	th Colorado Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		74-2543881 Page 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
Community Ministry 1755 s Zuni st Denver, CO 80223	84-0602837	501(c)3	.005,67	.0			Enery 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	26,250.	0.			Enery assistance for Agencies' clients
Cooperating Ministries of Logan County - 230 N 10th Ave - Sterling, CO 80751	84-0861984	501(c)3	73,100.	0.			Enery 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	19,350.	.0			Enery assistance for Agencies' clients
Crowley County 603 Main St Ste 2 Ordway, CO 81063	84-6000757	501(c)3	13,650.	0			Enery assistance for Agencies' clients
Custer County 205 Sixth Street Westcliffe, CO 81252	84-6000758	501(c)3	12,600.	°°			Enery assistance for Agencies' clients
Delta United Methodist Church 477 Meeker St Delta, CO 81416	84-6028530	501(c)3	21,925.	°			Enery assistance for Agencies' clients
Denver Indian Health and Family Services - 1633 Fillmore St Suite GLI - Denver, CO 80206	84-0724261	501(c)3	84,000.	0			Enery assistance for Agencies' clients
Denver Urban Ministries 1717 E Colfax Ave Denver, CO 80218	84-0935955	501(c)3	372,500.	0.			Enery assistance for Agencies' clients
							Schedule I (Form 990)

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	h Colorado						74-2543881 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	edule I (Form 990), Pa	л 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
l Mir						!	Enery assistance for
Colorado Springs, CO 80903	84-0830378	201(c) 3	·nc/ 'cT				unericies circures
Emergency Family Assistance Association - 1575 Yarmouth Ave - Boulder, CO 80304	84-0454115	501(c)3	231,000.	0.			Enery assistance for Agencies' clients
Empowerment Program 1600 York St Ste 201 Denver, CO 80206	74-2377531	501(c)3	.51,575.	0			Enery assistance for Agencies' clients
Evergreen Christian Outreach 27640 Highway 74 Evergreen, CO 80437	74-2539728	501(c)3	23,100.	0			Enery assistance for Agencies' clients
Faith Community Service Fund P.O. Box 336976 Greeley, CO 80633	20-2933936	501(c)3	.002,700.	0.			Enery assistance for Agencies' clients
Family Resource Center Association 1750 Humboldt Street, Suite 200 Denver, CO 80218	31-1599581	501(c)3	621,240.	0.	:		Enery assistance for Agencies' clients
Family Tree 3805 Marshall St Ste 100 Wheat Ridge, CO 80033	84-0730973	501(c)3	23,000.	0.			Enery assistance for Agencies' clients
First Mennonite Church of Denver 430 W 9th Ave Denver, CO 80204	84-0616328	501(c)3	86,100.	0.			Enery assistance for Agencies' clients
First Presbyterian Church of Salida - 7 Poncha Blvd - Salida, CO 81201	84-0896024	501(c)3	34,125.	0			Enery assistance for Agencies' clients
							Schedule I (Form 990)

Schedule I (Form 990) Energy Outreach Colorado	ch Colorado					74	74-2543881 Page 1
Part II Continuation of Grants and Other Assistance to Governments ar	Assistance to Go		izations in the U	nited States (Sche	id Organizations in the United States (Schedule I (Form 990), Part II.)	rt 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 United Methodist Church of Cortez - 515 Park Ave - Cortez, CO 81321	84-6049833	501(c)3	. 25, 725.	0.			Enery assistance for Agencies' clients
FISH of Broomfield 26 Garden Center Broomfield, CO 80020	84-1591890	501(c)3	23,100.	0.			Enery assistance for Agencies' clients
Grand Valley Catholic Outreach 245 S 1st St. Grand Junction, CO 81501	20-0064007	501(c)3	252,000.	0.			Enery assistance for Agencies' clients
Gunnison/Hinsdale County DHS 225 N Pine St Ste A Gunnison, CO 81230	84-6000770	501(c)3	21,000.	0.	:		Enery assistance for Agencies' clients
Help the Needy PO Box 644 Woodland Park, CO 80866	84-1420920	501(c)3	12,600.	0.			Enery assistance for Agencies' clients
House of Neighborly Service 565 N Cleveland Ave Loveland, CO 80537	84-0568546	501(c)3	44,100,	0.			Enery assistance for Agencies' clients
Housing Solutions for the Southwest - 295 Girard St - Durango, CO 81303	84-0853925	501(c)3	19,950.	.0			Enery assistance for Agencies' clients
Huerfano/Las Animas Area Council							

Enery assistance for Agencies' clients

Enery assistance for

Agencies' clients

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104,475.

501(c)3

84-0561399

Independent Life Center

PO Box 612 Craig, CO 81626

Trinidad, CO 81082

of Governments dba South Central Council - 300 Bonaventure Ave - 0

48,300.

84-1473968 501(c)3

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Schedule I (Form 990) Energy Outreach Colorado Part II   Continuation of Grants and Other Assistance to Governments	ch Colorado Assistance to Go		nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II )		74-2543881 Page 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
Inter-Church Arvada Resource for Ministry and Service - 5400 Ward Rd Bldg 2 Ste 106 - Arvada, CO 80002-1819	84-6131882	501(c)3	92,000.	0			Enery assistance for Agencies' clients
Inter-Faith Community Services 3370 S Irving St Englewood, CO 80110	84-0579740	501(c)3	59,850.	.0			Enery assistance for Agencies' clients
Jackson County Social Services 350 McKinley Street/P.O. Box 338 Walden, CO 80480	84-6000773	501(c)3	12,600.	.0			Enery assistance for Agencies' clients
Jeffco Action Center dba The Action Center - 8755 W, 14th Ave. - Lakewood, CO 80215	23-7019679	501(c)3	447,300.	.0			Enery assistance for Agencies' clients
Jefferson Center for Mental Health 70 Executive Center, 4851 Independence St - Wheat Ridge, CO 80033	84-0474717	501(c)3	25,575.	0.			Enery assistance for Agencies' clients
Jewish Family Service of Colorado 3201 South Tamarac Drive Denver, CO 80231	84-0402701	501(c)3	16,800.	0			Enery assistance for Agencies' clients
La Junta Associated Charities 517 Colorado Ave La Junta, CO 80150	84-0865084	501(c)3	18,900.	0			Enery assistance for Agencies' clients
La Plata Family Centers Coalition PO Box 2451 Durango, CO 81302	84-0988973	501(c)3	18,900.	0			Enery assistance for Agencies' clients
La Puente Home P.O. Box 1235/911 State St Alamosa, CO 81101	74-222-4631 501(c)3	501(c)3	541,800.	0			Enery assistance for Agencies' clients
							Schedule I (Form 990)

Page 1	
74-2543881	

Schedule (Form 990) Energy Outreach Colorado Part II   Continuation of Grants and Other Assistance to Governments	Assistance to Go	vernments and Organ	nizations in the U	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		1967 Fage 1
(a) Name and address of organization or government	( <b>p</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
Lake County DHS P.O. Box 884/112 W 5th St Leadville, CO 80461	84-6000777	501(c)3	.006,81	0.			Enery assistance for Agencies' clients
Las Animas Helping Hands P.O. Box 576 Las Animas, CO 81054	83-0460302	501(c)3	29,400.	0			Enery assistance for Agencies' clients
LifeBridge Christian Church 10345 Ute Hwy Longmont, CO 80504	84-0463390	501(c)3	26,100.	0			Enery assistance for Agencies' clients
Lift-Up of Routt County 2125 Curve Ct Steamboat Springs, CO 80487	84-1385379	501(c)3	49,350.	0.			Enery assistance for Agencies' clients
Loaves and Fishes Ministries of Fremont County - 241 Justice Center Rd - Canon City, CO 81212	84-1050917	501(c)3	84,000.	0.			Enery assistance for Agencies' clients
Lupus Foundation of Colorado 1211 S. Parker Rd. #103 Denver, CO 80231	84-0763686	501(c)3	18,375.	0			Enery 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	13,500,	0			Enery assistance for Agencies' clients
Metro CareRing 1100 E 18th Ave Denver, CO 80218	84-6116951	501(c)3	405,300.	0.			Enery assistance for Agencies' clients
Mexican American Development Association dba MADA - 17 N 6th St - Montrose, CO 81401	84-0616860	501(c)3	42,000.	0.0			Enery assistance for Agencies' clients
							Schedule I (Form 990)

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Schedule I (Form 990) Energy Outreach Colorado Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ch Colorado Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	i	74-2543881 Page 1
(a) Name and address of organization or government	( <b>b)</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
National MS Society, Colorado and Wyoming Chapter - 900 S. Broadway, Broadway Station #250 - Denver, CO 80209	13-5661935	501(c)3	27,825.	0			Enery assistance for Agencies' clients
Northern Churches Care 4210 Austin Bluffs Pkwy Colorado Springs, CO 80918	84-1093341	501(c)3	47,250.	0			Enery assistance for Agencies' clients
Northern Colorado AIDS Project 400 Remington St Ste 100 Fort Collins, CO 80524	84-1035151	501(c)3	25,200.	0.			Enery assistance for Agencies' clients
Outreach United Resource Center 303 Atwood St Longmont, CO 80501	74-2448346	501(c)3	90,300.	.0		:	Enery assistance for Agencies' clients
Park County Crisis Center 4 River Rd/PO Box 836 Bailey, CO 80421	74-2472469	501(c)3	42,000.	ó			Enery assistance for Agencies' clients
	74-2494265	501(c)3	73,500.	0.			Enery assistance for Agencies' clients
Phillips County DSS 127 E Denver St Ste A Holyoke, CO 80731	84-6000793	501(c)3	21,000.	0.0			Enery assistance for Agencies' clients
Pikes Peak Community Action Agency P.O. Box 2468/722 S Wahsatch Ave Colorado Springs, CO 80901	84-0933888	501(c)3	18,900.	0.			Enery assistance for Agencies' clients
Project Wise 1301 Kalamath Denver, CO 80204	84-1325938	501(c)3	30,725,	0.			Enery assistance for Agencies clients
							Schedule I (Form 990)

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Schedule   (Form 990) Energy Outreach Colorado   Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II	ch Colorado Assistance to Go	overnments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Pa		74-2543881 Page 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
Prowers County Department of Social Services - PO Box 1157/1001 South Main - Lamar, CO 81052	84-1132868	501(c)3	21,925.	0			Enery assistance for Agencies' clients
Rangely Human Resource Council, W A R M Fund - P.O. Box 115/209 E Main St - Rangely, CO 81648	84-1296397	501(c)3	5,775.	0			Enery assistance for Agencies' clients
Rocky Mountain Cancer Centers Foundation - 1161 S Vivian St - Lakewood, CO 80228	84-1487121	501(c)3	16,800.	0			Enery assistance for Agencies' clients
Salvation Army - Denver 1370 Pennsylvania Ave Denver, CO 80203	94-1156347	501(c)3	321,300.	0.	:		Enery assistance for Agencies' clients
Salvation Army - Fountain Valley 901 N Santa Fe Ave Ste 5 Fountain, CO 80817	84-0402712	501(c)3	52,500.	0.			Enery assistance for Agencies' clients
Salvation Army - Teller County 166 Bennett Ave Cripple Creek, CO 80813	22-2406433	501(c)3	32,550.	0.			Enery assistance for Agencies' clients
Salvation Army - Vail Valley 90 Lariat Loop Edwards, CO 81632	94-1156347	501(c)3	68,250.	0			Enery assistance for Agencies' clients
Sara Brown Memorial Fund 1200 Federal Blvd Denver, CO 80204-3221	84-6033394	501(c)3	20,850.	.0			Enery assistance for Agencies' clients
Sedgwick County Economic Development - 100 W 2nd St - Julesburg, CO 80737	84-1004883	501(c)3	14,700,	0			Enery assistance for Agencies' clients Schedule   (Form 990)
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Schedule I (Form 990) Energy Outreach Colorado Part II Continuation of Grants and Other Assistance to Governments	ch Colorado Assistance to Go		nizations in the Ul	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		74-2543881 Page 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
Senior Support Services 846 E 18th Ave Denver, CO 80218	84-0801612	501(c)3	105,000.	0.			Enery assistance for Agencies' clients
Seniors' Resource Center 3227 Chase St Wheat Ridge, CO 80212	84-0877538	501(c)3	73,500.	0.			Enery assistance for Agencies' clients
Sister Carmen Community Center 701 W. Baseline Rd. Lafayette, CO 80026	84-0820308	501(c)3	78,750.	.0			Enery assistance for Agencies' clients
St Vincent de Paul Society Particular Council of Denver - 830 Elm St - Denver, CO 80220	84-6032037	501(c)3	154,650.	0.			Enery assistance for Agencies' clients
Telluride Foundation 620 Mountain Village Blvd Ste 2B Telluride, CO 81435	84-1530768	501(c)3	18,900.	0.			Enery assistance for Agencies' clients
The Home Front Cares, Inc. P.O. Box 38516/25 N Wahsatch Ste 2 Colorado Springs, CO 80937	20-0564493	501(c)3	73,500.	0.			Enery assistance for Agencies' clients
Tri-Lakes Cares PO Box 1301 Monument, CO 80132	74-2501356	501(c)3	27,825.	0.			Enery assistance for Agencies' clients
United Methodist Church of Dove Creek - 210 E 6th St/PO Box 628 - Dove Creek, CO 81324	84-1062071	501(c)3	18,900.	.0			Enery assistance for Agencies' clients
United Way of Southwest Colorado PO Box 3040 Durango, CO 81302	23-7113221	501(c)3	56,700,	0.			Enery assistance for Agencies' clients
							Schedule I (Form 990)

orm 990)	Energy Outreach Colorado	h Colorado					74	74-2543881	Page 1
ntinuation c	of Grants and Other	Assistance to Go	intinuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I	nizations in the U	Inited States (Sche	dule I (Form 990), Pa	<b>н</b> II )		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3	לודי בוויי	Contract Office,	20 to 100 (P)	by bodden (a)		e actualism of	+	,

74-2543881 Page 1	(f) Method of (g) Description of valuation non-cash assistance (book, FMV, appraisal, other)	Enery assistance for Agencies' clients	Enery assistance for Agencies' clients	Enery assistance for Agencies' clients			
Organizations in the United States (Schedule I (Form 990), Part II)	(f) (f) (f) (n) (n) (n) (n) (n) (n) (n) (n) (n) (n		0	0			
nizations in the U	(d) Amount of cash grant	13,125.	19,950.	2,520.		-	
		501(c)3	501(c)3	501(c)3			
h Colorado Assistance to Go	(b) EIN	26-3005848	84-1112986	84-1364292			
Schedule I (Form 990) Energy Outreach Colorado Part II Continuation of Grants and Other Assistance to Governments and	(a) Name and address of organization or government	Walsh Legacy Foundation PO Box 576 Walsh, CO 81090	Western Colorado Health Network dba 'Western Colorado AIDS Project - 805 Main St - Grand Junction, CO 81501	Work Options for Women 1200 Federal Blvd Denver, CO 80204			

Schedule I (Form 990) 2011 Energy Outreach Colorado	74-2543881	Page 2
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.		
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#### SCHEDULE J (Form 990)

**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.

Open to Pul

pen to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Energy Outreach Colorado

Part I Questions Regarding Compensation

Employer identification number 74-2543881

			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,		103	110
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	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		х
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		х
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee	,		
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
		Î		
4	Dunng 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.			
а	Receive a severance payment or change-of-control payment?	4a		х
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?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			;
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			
	The organization?	6a		<u> </u>
b	Any related organization?	6b		х
_	If "Yes" to line 6a or 6b, describe in Part III			
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		_ <u>x</u>
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_ <u>x</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9 I	Į	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W	V-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E) Total of columns	(F)
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in pnor Form 990
	(3)	174,167.	38,816.	4,800.	17,039.	2,417.	237,239.	0
1 Sanders Arnold	<u>(ii)</u>	0	0	0.	0.	0.		•0
	(i)	120,637.	11,766.	4,800.	10,592.	2,297.	150,092.	.0
2 Jennifer Gremmert	(ii)	0	0	.0	0.	0	0.	0
	(j)							
3	(ii)							
	(i)							:
4	(ii)							
	(i)							
5	(ii)							
	(i)							
9	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	Ξ							
6	(ii)							
	(i)							
10	(ii)							
	Ξ		-					
11	<u>(ii)</u>							
	Ξ							
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Schedule J (Form 990) 2011

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public

Department of the Treasury

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service 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 \$162 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 4d, Other Program Services: The Long-Term Energy Solutions program is to provide long-term 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. including grants of \$ 157,344. Expenses \$ 957,844. Revenue \$ 13. Advocacy and Commission is set up to advocate for the energy needs of

Revenue \$ 548,

Low income energy assistance payments were made to the Colorado

low-income Colorado residents.

Expenses \$ 314,928.

including grants of \$ 5,000.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization  Energy Outreach Colorado	Page 2 Employer identification number 74-2543881
Department of Human Services to be used in their LEAP program that	
provides benefits to low-income individuals to pay energy bills.	
Expenses \$ 1,857,050. including grants of \$ 1,725,116. Revenue \$ 0.	· · · · · · · · · · · · · · · · · · ·
The NFFN/NLIEC program specifically targets low-income energy advocacy	
nationally through the National Fuel Funds Network (NFFEN) and the	
National Low Income Energy Consortium (NLIEC).	
Expenses \$ 33,821. including grants of \$ 899. 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	<del></del>
year.	

Form 990, Part VI, Section B, Line 15: Compensation for all employees,

other than the Executive Director and Deputy Director, is benchmarked to

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization  Energy Outreach Colorado	Employer identification number 74-2543881
the Mountain States Employers Counsel (MSEC) "Nonprofit Compensation	
Survey" which provides benchmarking information for the Denver area and	
Colorado. In considering compensation for the Executive Director and	
Deputy Director, the Board of Directors utilizes the services of an	
independent executive compensation professional to benchmark and recommend	<del></del>
appropriate compensation levels as well as the compensation benchmarking	
done by the MSEC, and considers performance indicators established at the	
beginning of the fiscal year to the Executive Director and Deputy	
Director's actual results. Any changes to the compensation of the	
Executive Director and Deputy Director are reviewed and approved by the	
full Board of Directors.	
Form 990, Part VI, Section C, Line 19: The organization's governing	
documents and conflict of interest policy are made available to the public	
upon request. Three years' of audited financial statements and IRS Form	
990 are available on the organization's website.	
	<u>.</u>
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments: 2,493,823.	
Form 990, Part XII, Line 2c:	
The organization's oversight process and selection process did not	
change during the year.	<u> </u>