

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



Department of the

DLN: 93493087007317

OMB No 1545-0047

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

Intern	al Revenu	ie Servic	e					Inspection
A F	or the 20	015 ca	endar year, or tax year beginni	ng 10-01-2015 , and ending 09-30-20	016	_		
_	eck if app		C Name of organization Energy Outreach Colorado			D Emp	loyer ic	lentification number
_	ddress cha	-				74-2	25438	81
<u> </u>	ame chan iitial returr		Doing business as					
Fi	nal /terminate	ad	Number and street (or P O box if	mail is not delivered to street address) Room/:	suite	E Telep	hone nu	ımber
	nended re		225 E 16th Ave No 200	,		(303	3)825	-8750
	plication p		City or town, state or province, cou Denver, CO 802031612	untry, and ZIP or foreign postal code				
			,		1	G Gross	s receipt	s \$ 27,615,199
			<b>F</b> Name and address of princi Sanders Arnold	pal officer		s this a grou	•	
			225 E 16th Ave No 200			ubordinates No	,	│ Yes 🗸
	x-exempt	status	Denver, CO 802031612   √ 501(c)(3)	(insert no ) 4947(a)(1) or 527		re all subor ncluded?	dınate	s
	ebsite:	► www	v energyoutreach org	(IIISELCTIO )   4547(a)(1) 01   527	I	f "No," attac		t (see instructions)
						Group exem		
K For	m of orgai	nızatıon	✓ Corporation   Trust   Assoc	ation Other ►	L Year	of formation	1989	M State of legal domicile Co
Pa	rt I	Sum	mary					
	<b>1</b> Brie	fly des	cribe the organization's missio					
<b>a</b> .	Prov	vide er	nergy assistance and energy ef	ficiency programs to low-income Color	adans			
nce								
EE.	_							
0 Ve	<b>2</b> Ch	eck th	is box ▶ ┌ if the organization o	discontinued its operations or disposed	d of more th	nan 25% of i	ts net	assets
Activities & Governance	<b>3</b> Nu	mber	of voting members of the govern	ning body (Part VI, line 1a)			з	12
S S			-	of the governing body (Part VI, line 1b			4	12
ž Ž	<b>5</b> To	tal nur	nber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	27
Act	<b>6</b> To	tal nur	nber of volunteers (estimate if i	necessary)			6	13
				art VIII, column (C), line 12			7a	-6,164
	<b>b</b> Net	unrela	ted business taxable income fr	om Form 990-T, line 34			7b	-8,94
						Prior Year	- 0.4.1	Current Year
ā.			butions and grants (Part VIII, m service revenue (Part VIII,	,	•	22,405	0 ,841	22,452,518
Ravenue		_	·	in (A), lines 3, 4, and 7d)		1,411		848,469
å				, lines 5, 6d, 8c, 9c, 10c, and 11e)			5,415	19,179
	12	Totalı		1 (must equal Part VIII, column (A), lı	ne	24,572	2,575	24,354,038
	<u> </u>	12)	and cimilar amounts haid (Dar	t IX, column (A), lines 1-3)		10,554		9,645,303
			ts paid to or for members (Part		`. <del>                                    </del>	10,55	0	9,043,30
			·	vee benefits (Part IX, column (A), lines	`	1.010		2.012.245
Expenses		5-10)				1,810		2,013,24
E)	16a		sional fundraising fees (Part I)		•		0	58,598
표			ndraising expenses (Part IX, column (					
				, lines 11a–11d, 11f–24e)		12,702		14,811,289 26,528,433
				e 18 from line 12			1,630	-2,174,393
≥ 8 8 8						ing of Curren		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			24,941	742	23,803,910
A B			iabilities (Part X, line 26)		` <u> </u>	· · · · · · · · · · · · · · · · · · ·	7,854	789,237
ΞĒ				t line 21 from line 20		24,413		23,014,673
Pai	rt II		ature Block			,	, 1	
	•			camined this return, including accompa mplete Declaration of preparer (other	, -			
prepa	rer has	an <b>y</b> kr	nowledge					
		****				2017-03-27	,	
Sigr		Signa	ture of officer			Date		
Here	e		ers Arnold Executive Director or print name and title					
			rint/Type preparer's name	Preparer's signature	Date	l _	PTIN	
Paid	b		ori Anne Reinwald CPA	Lori Anne Reinwald CPA	·=	Check If self-employed	P013	388434
	a parer	<b>⊢</b>	ırm's name 🕨 Kundınger Corder & E			Firm's EIN 🟲	•	
		F	ırm's address 🟲 475 Lincoln Street Sur	te 200		Phone no (3)	03) 534	-5953

Denver, CO 80203

. ✓Yes No

25,024,784

Total program service expenses ▶

	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
	7 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
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		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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 2	11b	Yes	
	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 2	11c		No
	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 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page **4** Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Yes 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . .

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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? 

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Nο

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

Νo

Νo

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Nο

Νo

Νo

Yes

Yes

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24a

24b

24c

24d

25a

25b

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27

28a

28b

**28**c

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35a

35b

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Yes

Form 990 (2015)

Part V	Statements	Regarding	Other	TRS Filings	and Tax	Complianc
	Statements	neuai uiiiu	OLLIEL	TK3 I IIIIIA3	allu lax	Compliant

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
12	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   19		Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
		ne organization comply with backup withholding rules for reportable payments to vendors and reportable			
٠		ng (gambling) winnings to prize winners?	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		Statements, filed for the calendar year ending with or within the year covered s return			
ь	•	east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
		int)?	4a		No
b	If"Ye	es," enter the name of the foreign country			
	Seeır	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
<b>-</b> -	(FBAF	· ` · · · · · · · · · · · · · · · · · ·			NI -
		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
			5b		
С	If "Ye	es," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	_	ization solicit any contributions that were not tax deductible as charitable contributions?			
b		es," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
	_	nizations that may receive deductible contributions under section 170(c).			
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7a	Yes	
		es," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to orm 8282?	<b>7</b> c		No
d	If"Ye	es," indicate the number of Forms 8282 filed during the year			
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time	_		
0-	-	· ·	8		
		ne sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10		on 501(c)(7) organizations. Enter	70		
		tion fees and capital contributions included on Part VIII, line 12   10a			
b	Gross facilit	receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section	on 501(c)(12) organizations. Enter			
а	Gross	s income from members or shareholders			
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )			
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b		es," enter the amount of tax-exempt interest received or accrued during the			
13	year <b>Sectio</b>	on 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the	e organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for onal information the organization must report on Schedule O	13a		
b	Enter	the amount of reserves the organization is required to maintain by the states			
_		ch the organization is licensed to issue qualified health plans			
		the amount of reserves on hand	14-		Na
		ne organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	11 16	3.7 has te med a Form 720 to report these payments. If No, provide an explanation in schedule 0	_ TU		

orm	990 (2015)			Page		
Par	Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			w, 		
Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 12					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6		No		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b		No		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
			•			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? . Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes  ${f b}$  Other officers or key employees of the organization . . . . . . . . . . 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

# Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

- Section 6104 requires an organization to make its Form 1022 (or 1024 if a
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

- ✓ Own website Another's website ✓ Upon request Other (explain in Schedule O)

  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year

  20. State the name, address, and telephone number of the person who possesses the organization's books and reco
- State the name, address, and telephone number of the person who possesses the organization's books and records

  Marna Steuart 225 E 16th Ave No 200 Denver, CO 802031612 (303) 825-8750

16b

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, or 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 organization compensated any current officer, director, or trustee											
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) Mark Sexton President (Thru 5/16)	3 00	×		×				0	0	0	
(2) Troy L Whitmore Vice President	3 00	х		х				0	0	0	
(3) Michael J McFadden Treasurer	3 00	х		х				0	0	0	
(4) Cec Ortiz Pres (Beg 6/16), Sec (Thru 5/16)	3 00	х		х				0	0	0	
(5) Joel Johnson Board Member	3 00	х						0	0	0	
(6) Howard Boigon Board Member	3 00	х						0	0	0	
(7) Adam Goldman Board Member	3 00	х						0	0	0	
(8) John A Harpole Secretary (Beg 6/16)	3 00	х		x				0	0	0	
(9) Patricia Nelson Limerick Board Member	3 00	х						0	0	0	
(10) Paula Sandoval Board Member	3 00	х						0	0	0	
(11) Pattı Shwayder Board Member	3 00	х						0	0	0	
(12) Mark Sunderhuse Board Member (Thru 5/16)	3 00	х						0	0	0	
(13) Jack Swift Board Member	3 00	х						0	0	0	
(14) Sanders Amold  Executive Director	40 00			х				290,996	0	36,824	
			ı							Form <b>990</b> (2015)	

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han rso cer	not one n is and			organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(15) Jennifer Gremmert Deputy Director	40 00			х				190,285	С	21,595	
(16) Marna Steuart	40 00			х				0	(	0	
Controller, hired 3/16				^				0		, o	
(17) Jonathon Ilderton Director of Energy Efficiency Programs	40 00					x		103,862	С	16,545	
1b Sub-Total		<b>&gt;</b>			•			85,143	0	74,964	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

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

# Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Iconergy	General Contractor	648,506
1905 Sherman St 1040 Denver, CO 80203		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Form 99	0 (20	15)						Page <b>S</b>
Part V	/++	Statement o	f Revenue					
		Check If Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
G G	c	Fundraising eve	ents <b>1c</b>	138,408				
ifts. ar A	d	Related organiz	zations 1d					
 ⊒G	e	Government grants	s (contributions) <b>1e</b>	7,059,169				
ons Si	l f	All other contribution	ons, gifts, grants, and <b>1f</b>	15,254,941	ŀ			
outi her		sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines					
Contand	h	Total. Add lines	s 1a-1f	· · · •	22,452,518			
ı				Business Code				
Ne TE	2a	Owner Participation	n	230003	1,033,872	1,033,872		
å	b							
Program Service Revenue	C							
	d e	-						
ram	f	All other progra	am service revenue					
P Pog					4 022 072			
	g 3		s 2a-2f ome (including dividence		1,033,872			
		and other simila	aramounts)	•	364,620		-6,164	370,784
	4   5		stment of tax-exempt bond p	proceeds >				
	•	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	,	,				
	Ь	Less rental						
	_ ر	expenses Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
	"	Troc remain moon	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,672,414					
	ь	Less cost or other basis and	2 199 565					
		sales expenses	3,188,565					
	c d	Gain or (loss)	483,849		483,849			483,849
Other Revenue	8a	Gross income f events (not inc \$138 of contributions	rom fundraising luding ,408 s reported on line 1c)		,			
erF		See Part IV, lin	a a	72,596				
ŧ.	Ь		penses <b>b</b>	72,596				
•	C		(loss) from fundraising 6	events ▶	0			
	ya 		rom gaming activities ne 19 <b>a</b>					
	ı		penses <b>b</b>					
	°	Net income or (	loss) from gaming activ() -	ities				
	10a	Gross sales of returns and allo						
	b c	_	oods sold <b>b</b> (loss) from sales of inve	entory ▶				
		Miscellaneous	s Revenue	Business Code	10 170	10 170		
	11a	Miscellaneous		900099	19,179	19,179		
	b c							
	d	All other revenue	ue	+				
	e	Total. Add lines	L		10 170			
	12	Total revenue.	See Instructions		19,179	,	=	85: -
	1				24,354,038	1,053,051	-6,164	854,633

## Part IX Statement of Functional Expenses

ection	5016	c1/31:	and 501	1(c)(4)	organizations	must c	omnlete all	columne	Allother	organizations	must comp	lete coli	umn (A)
есноп	DULL	CHOL	anu 50 i	L I C. JI 4	LOTUATIIZALIONS	musec	ombiete an	COTUITINS	A II otner	organizacions	THUS L COINE	лете соп	amm ta i

	Γ				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraısıng expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,645,303	9,645,303		
2	Grants and other assistance to domestic individuals See Part IV , line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	602,217	386,626	170,332	45,259
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,096,672	776,122	60,197	260,353
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,420	65,256	3,386	19,778
9	Other employee benefits	110,874	84,574	11,139	15,161
10	Payroll taxes	115,058	77,390	14,158	23,510
11	Fees for services (non-employees)	·	•	,	,
а	Management				
b	Legal				
С	Accounting				
d	Lobbying	22,917	22,917		
е	Professional fundraising services See Part IV, line 17	58,598			58,598
f	Investment management fees	75,416		75,416	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	399,212	271,380	51,004	76,828
12	Advertising and promotion	202,568			202,568
13	Office expenses	507,326	187,003	11,777	308,546
14	Information technology				
15	Royalties				
16	Occupancy	180,244	126,548	20,703	32,993
17	Travel	43,498	40,337	223	2,938
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	114,563	97,991	6,028	10,544
20	Interest	9,007		9,007	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,507	11,565	1,908	3,034
23	Insurance	66,210	61,178	1,882	3,150
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	Renovation-energy eff	13,170,590	13,170,590		
b	Miscelleanous	3,231	4	724	2,503
c					
d					
е 	·				
25	Total functional expenses. Add lines 1 through 24e	26,528,431	25,024,784	437,884	1,065,763
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ►				

Do	7 7 (.	Polones Chart					1 agc <b>11</b>			
Part X		Balance Sheet Check if Schedule O contains a response or note to any line								
					(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing			77	1	42			
	2	Savings and temporary cash investments			1,402,299	2	1,235,212			
	3	. ,	and grants receivable, net							
	4	Accounts receivable, net			948,069	4	1,096,036			
	5	Loans and other receivables from current and former office								
sté		key employees, and highest compensated employees Co Schedule L				5				
	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of svoluntary employees' beneficiary organizations (see instr II of Schedule L	:)(3 <sup>`</sup> )(B ection	), and 501(c)(9)						
Assets						6				
Ä	7	Notes and loans receivable, net				7				
	8	Inventories for sale or use				8				
	9	Prepaid expenses and deferred charges		 I	21,174	9	20,812			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	190,547						
	b	Less accumulated depreciation	10b	128,058	78,995	<b>10</b> c	62,489			
	11	Investments—publicly traded securities	nts—publicly traded securities							
	12	Investments—other securities See Part IV, line 11 .	2,441,012	12	2,012,252					
	13	Investments—program-related See Part IV, line 11 .		13						
	14		ngible assets							
	15		ssets See Part IV, line 11							
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			24,941,742	16	23,803,910			
	17	Accounts payable and accrued expenses	nts payable and accrued expenses							
	18		ants payable							
	19	Deferred revenue	ed revenue							
	20	Tax-exempt bond liabilities	x-exempt bond liabilities							
۲Δ.	21	Escrow or custodial account liability Complete Part IV of		21						
bilities	22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis								
<del>id</del> i		persons Complete Part II of Schedule L			22					
Ë	23	Secured mortgages and notes payable to unrelated third p			23					
	24	Unsecured notes and loans payable to unrelated third par	ties			24				
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ed third parties,							
	1	Tablibiliate Addition 47 through 25	•		527,854	25	789,237			
	26	Total liabilities. Add lines 17 through 25			527,654	26	169,231			
ses		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	e ►	✓ and complete						
<u>lan</u>	27	Unrestricted net assets			24,396,929	27	22,977,294			
Ba	28	Temporarily restricted net assets			16,959	28	37,379			
2	29	Permanently restricted net assets				29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	eck he	re ▶						
ts (	30	Capital stock or trust principal, or current funds				30				
Se	31	Paid-in or capital surplus, or land, building or equipment f	und .			31				
Ą	32	Retained earnings, endowment, accumulated income, or o				32				
Net	33	Total net assets or fund balances			24,413,888	33	23,014,673			
	34	Total liabilities and net assets/fund balances			24,941,742	34	23,803,910			

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

Single Audit Act and OMB Circular A-133?

column (B))

Schedule O

Schedule O

Separate basis

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . .

Both consolidated and separate basis

Cash ✓ Accrual COther

2a

2b

2c

3a

3b

10

23,014,673

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

▽

No

Νo

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 74-2543881

Name: Energy Outreach Colorado

1 FFO \ /Dovonue d

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

\ /Evpopeoe d

(Code	) (Expenses \$	528,245	including grants of \$	1,550 ) (Revenue \$	)
Advocacy and Com	mission is set up to advocate f	for the energy	needs of low-income Color	ado residents	
(Code	) (Expenses \$	444,308	ıncludıng grants of \$	304,617 ) (Revenue \$	)
5,	assistance payments were ma		•	Services to be used in their LEAP	program that

including grants of t

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

179,100

) (Expenses \$

(Code

restricted

Energy Outreach Colorado conducts education and outreach programs to the public Specifically, the NFFN/NLIEC program targets lowincome energy advocacy nationally and through the National Fuel Funds Network (NFFEN) and the National Low Income Energy Consortium (NLIEC)

including grants of \$

7.830 ) (Revenue \$

3,732)

(Code ) (Expenses \$ 2.153.225 including grants of \$ ) (Revenue \$

The Nonprofit Energy Assistance Program (NEEP) provides long term solutions and energy efficiency upgrades in nonprofit facilities to reduce energy use and lower energy bills. Current funders include the City of Denver, State of Colorado, and Xcel Energy, funds are

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ 2,458,779 including grants of \$ ) (Revenue \$ )

The Crisis Intervention Program is funded by the Colorado Low-Income Energy Assistance Program and provides eligible households with emergency furnace repair and replacement services to ensure families have adequate access to heat

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

Open to Public Inspection

DLN: 93493087007317 OMB No 1545-004

Employer identification number

74-2543881

Treasury Internal Revenue Service Name of the organization Energy Outreach Colorado

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 20,133,278 18,187,223 20,795,547 22,405,841 22,452,518 103,974,407 membership fees received (Do not include any unusual grants ) 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 20,133,278 18,187,223 20,795,547 22,405,841 22,452,518 103,974,407 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 47.092.397 supported organization) included on line 1 that exceeds 2% of the

	amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							56,882,010
S	ection B. Total Support							
10)	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 20	15	<b>(f)</b> Total
7	Amounts from line 4	20,133,278	18,187,223	20,795,547	22,405,841	22	,452,518	103,974,407
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	543,786	473,862	476,659	371,798		370,784	2,236,889
9	Net income from unrelated business activities, whether or not the business is regularly carried on	24,083	22,941	42,454	17,666		0	107,144
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						19,179	19,179
11	<b>Total support.</b> Add lines 7 through 10							106,337,619
12	Gross receipts from related activity	ties, etc (see ins	tructions)	•		12		1,862,244
13	First five years.If the Form 990 is	for the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	section	501(c)(3	) organization,
	check this box and stop here						.▶ □	

Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 53 490 % Public support percentage for 2014 Schedule A, Part II, line 14 15 58 130 %

16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

#### DLN: 93493087007317

Employer identification number

74-2543881

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

Department of the Treasury Internal Revenue

Name of the organization

Energy Outreach Colorado

Service

## **Political Campaign and Lobbying Activities**

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

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

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
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If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

If the organization answered "Yes" on 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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

2	Political expenditures			<b>&gt;</b>	\$				
3	Volunteer hours								
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).					
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	<b>&gt;</b>	\$				
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	1 4955 <b>&gt;</b>	\$				
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No				
4a	Was a correction made?				Yes No				
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$				
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	for section 527	\$				
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$				
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No				
	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to organization made payments. For each organization listed, enter the amount paid from the filing organization's fur amount of political contributions received that were promptly and directly delivered to a separate political organization separate segregated fund or a political action committee (PAC). If additional space is needed, provide information								
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-				
2									
3									
4									
5									
6									
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015				

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Grassroots lobbying expenditures

#### Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). N,

A	Check	<b>&gt;</b>	Γ	— If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EII
				expenses, and share of excess lobbying expenditures)

	expenses, and share of excess lob		illiacea g	roup member 3 ham	c, address, Eli
<u>B</u>	Limits on Lobb	box A and "limited control" provisions apply  bying Expenditures  neans amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		0	
b	Total lobbying expenditures to influence a legis		22,917		
c	Total lobbying expenditures (add lines 1a and	1 b)		22,917	
d	Other exempt purpose expenditures			25,439,751	
е	Total exempt purpose expenditures (add lines	1c and 1d)		25,462,668	
f	Lobbying nontaxable amount Enter the amount	t from the following table in both columns		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			

4-Vear Averaging Period Under section 501(h)	
⊤ Yes ⊤	No
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	
Subtract line 1f from line 1c If zero or less, enter -0-	0

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total				
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_с	Total lobbying expenditures	22,917	22,917	22,917	22,917	91,668				
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000				
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				

250,000

Part II-A, Line 1b

Sch	edule C (Form 990 or 990-EZ) 2015				Р	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has I	TOP				
	filed Form 5768 (election under section 501(h)).		a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying			1		
acti	vity	Yes	No	l	A mour	<u>1t</u>
1	During the year, did the filing organization attempt to influence foreign, national, state or local			7		
	legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
а	through the use of Volunteers?					
b	<b>-</b>			┥		
c				┪		
d				+		
e						
f	<u> </u>					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			+		
h	<u> </u>			+		
i	Other activities?			+		
j	Total Add lines 1c through 1i			1		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
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?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5	<b>501</b> (c	)(5),	or s	ectio	n
	501(c)(6).					
1	More substantially all (000), or more) dues reserved pendeductible by members?		ſ	1	Yes	No
2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		ŀ	2		-
3	Did the organization make only in-house loobying expenditures of \$2,000 of less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		}	3		
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\/E\		octio	
76	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	No" (	ハッル DR(b)	or s Par	t III	- A.
	line 3, is answered "Yes."		(5)	,		,
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).	2a				
a b	·	2b				
C		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
Pr	ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part I	I-A,	ınes 1	and
	(see instructions), and Part II-B, line 1 Also, complete this part for any additional information					
	Return Reference Explanation					

Strategists for lobbying

During fiscal year 2016, Energy Outreach Colorado paid \$22,917 to Boyle, Silver, & Weist Policy

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SCHEDULE D Sur

(Form 990)

Treasury

Department of the

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493087007317

Open to Public Inspection

	nal Revenue Service			
	n <b>me of the organization</b> ergy Outreach Colorado		Empl	oyer identification number
_				543881
Pa		r Advised Funds or Other Similar ed "Yes" on Form 990, Part IV, line 6		r Accounts.
	Complete in the organization anower	(a) Donor advised funds		Funds and other accounts
1	Total number at end of year	(a) Bonor advised failes		and other decounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	<u> </u>		sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or fo	or any other	r purpose Yes No
Pa	rt II Conservation Easements. Compl	ete if the organization answered "Yes	s" on Forn	າ 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by t	he organization (check all that apply)		
	Preservation of land for public use (e g , rec education)		of an histor	ically important land area
	Protection of natural habitat	<u>-</u>		d historic structure
	Preservation of open space	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	in the form	of a conservation
	easement on the last day of the tax year	4		
				Held at the End of the Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easem		2b	
С.	Number of conservation easements on a certifier	, ,	2c	
d	Number of conservation easements included in ( historic structure listed in the National Register	• • •	2d	
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or termir	nated by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	servation easement is located <b>&gt;</b>		
5	Does the organization have a written policy rega violations, and enforcement of the conservation		nandling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enf	orcing cons	ervation easements during the
	<b>-</b>			
7	Amount of expenses incurred in monitoring, insp  \$	ecting, handling of violations, and enforcin	g conserva	tion easements during the year
В	Does each conservation easement reported on I (B)(i) and section $170(h)(4)(B)(ii)$ ?	ine 2(d) above satisfy the requirements of	section 17	0 (h)(4) Yes No
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's finan	•	·
aı	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasure		er Similar Assets.
		red "Yes" on Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the fool	r assets held for public exhibition, educati	on, or resea	arch in furtherance of public
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating t	r assets held for public exhibition, educati		
(	(i) Revenue included on Form 990, Part VIII, line	1	<b>▶</b> \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**>** \$ \_

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, Hi	storio	al Tre	easures,	or Ot	her Similar A	sse	ts
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, c	heck a	ny of th	e following t	that an	e a significant us	se of	its
а		Public exhibition		d	Г	Loan o	rexchange	progra	ams		
b	_ :	Scholarly research		e	Γ	Other					
C		Preservation for future generations									
4	Provi Part >	de a description of the organization? (III	s collections and expl	laın ho	w they	further	the organiz	atıon's	exempt purpose	e in	
5		g the year, did the organization solions to be sold to raise funds rather the								es	□ No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part IV	', line 9, o	r repo	orted an amou	nt or	Form 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	y for co	ntrıbutı	ons or othe	rasse	ts not	es	∏ No
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowing	table			An	nount	:
c		ginning balance						1c			
d	•	ditions during the year						1d			
е		tributions during the year						1e			
f		ding balance						1f			
<b>2</b> a		ne organization include an amount o	n Form 990, Part X, Iı	ne 21,	for es	crow or	ا custodial a	ccount	liability? <b>Y</b> e	es	☐ No
b	If"Ye	s," explain the arrangement in Part	XIII Check here if th	ne expl	lanatıo	n has b	een provide	d ın Pa	art XIII		🗆
Pa	rt V	Endowment Funds. Comple	te if the organization	on an	swere	d "Yes'	" to Form	990, F	Part IV, line 10	),	
			(a)Current year	<b>(b)</b> P	nor year	ь (	<b>c)</b> Two years l	back (	<b>d)</b> Three years back	(e)	Four years back
<b>1</b> a		nning of year balance									
b	Cont	ributions									
c	Net i losse	nvestment earnings, gains, and									
d	Gran	ts or scholarships									
е		r expenditures for facilities rrograms									
f	A dmı	nistrative expenses									
g		f year balance									
2		de the estimated percentage of the	current year end balar	nce (lu	ne 1g,	column	(a)) held as	<del></del>			
а		designated or quasi-endowment <b>&gt;</b>	•	•	٥.		. ,,				
ь		anent endowment >									
c		orarily restricted endowment									
·		ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a	A re th	nere endowment funds not in the pos	ssession of the organi	zation	that a	re held a	and adminis	tered	for the		
	_	ization by							_		Yes No
		related organizations								a(i) a(ii)	
ь		lated organizations			 Schad	 D2 مار	•		<del></del>	3b	<del></del>
4		ribe in Part XIII the intended uses of								<i>50</i>	<u> </u>
Pai	rt VI	Land, Buildings, and Equip	-								
		Complete if the organization a		orm 9							
		Description of property		(	Cost or d	<b>a)</b> other basi stment)	s Cost or ot (oth	her bası	Accumulate (c) depreciation		(d)Book value
<b>1</b> a	Land										
b	Buildin	gs									
C	Lease	nold improvements						73,772	2 61,	818	11,954
d	Equipn	nent		•  _				116,77	5 66,	240	50,535

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII Investments—Other Securities. Complete if the of See Form 990, Part X, line 12.	organization answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other (A) Ironwood Capital Partners LP	1,021,722	F
(B) Lighthouse Global Long/Short Fund L P	990,530	F
(b) Lighthouse Global Edity/Short Fulld E P	990,530	Г
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>▶</b> 2,012,252	
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form		5 000 Park V Las 42
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>b</b>	
Part IX Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Part IV, line 11	
(a) Description		(b) Book value
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.	vered 'Yes' on Form 990, Pa	rt IV, line 11e or 11f.
1. (a) Description of liability (b) Book v	value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		

1

2

3

а

c

Part XIII

information

A dius tments

Part XI. Line 2d - Other

Return Reference

а b 24,349,683

708,577

23,641,106

#### Investment expenses not included on Form 990, Part VIII, line 7b . b 4b 712,932 4c 712,932 5 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . . 24,354,038 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . 25,748,898 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities . 2a 8,815 2b b Prior year adjustments . . . 2c 2d d Other (Describe in Part XIII) . Add lines 2a through 2d . . 2e 8,815 3 Subtract line 2e from line 1 . . . . . . . 3 25.740.083 Amounts included on Form 990, Part IX, line 25, but not on line 1:

2a

2b

2c

2d

4a

775,178

-75,416

788,348

4c

2e

3

8,815

Total revenue, gains, and other support per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Investment Fees -75.416

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Add lines **4a** and **4b** . . . . . . .

Supplemental Information

Donated services and use of facilities . . . .

Recoveries of prior year grants . . . . .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d . . . .

788,348

26,528,431

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIIII Supplemental	Information (continued)	
Return Reference	Explanation	
Part XII, Line 4b - Other Adjustments	Investment Fees 75,416 LEAP Pass through 712,932	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493087007317

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

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

Inspection

Name of the organization Energy Outreach Colorado **Employer identification number** 

								74-2543881	
Pa	Form 990-EZ file	·		_			on Form	990, Part IV	, line 17.
1	Indicate whether the orga	nızatıon raısed fund	s through	any of the	e follo	wing activities C	heck all tl	hat apply	
а	Mail solicitations			€	e 🔽	Solicitation of n	on-goverr	nment grants	
<b>b</b>			f	f [	▼ Solicitation of government grants				
c	Phone solicitations			g	9 🔽	Special fundrais	ıng event	S	
d	☐ In-person solicitation	is							
<b>2</b> a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?						es No		
b	<b>b</b> If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization								
(	i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?		Gross receipts rom activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
			Yes	No					

		contrib	outions?		(-)	I
		Yes	No			
Firefly Partners LLC 3080 Valmont Road Boulder, CO 80301	Email and donation form design and strategy	1.65	No	0	45,018	
Pentera Inc 8650 Commerce Park Place Ste G Indianapolis, IN 46268	Planned giving email and brochure		No	0	17,155	
Direct Marketing Excellence 8955 E Nichols Ave Ste 200 Centennial, CO 80112	Direct mail		No	0	82,332	
al			<b>&gt;</b>		144,505	

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

	•	
Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

		(a)Event #1  Golf Tournament	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Keverkie	1 Gross receipts	211,004			211,004
*	<b>2</b> Less Contributions	138,408			138,408
	Gross income (line 1 minus line 2)	72,596			72,596
	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
ş,	<b>6</b> Rent/facility costs				
2	<b>7</b> Food and beverages	12,904			12,904
Experises	8 Entertainment				
រូវ	<b>9</b> Other direct expenses	59,692			59,692
5	10 Direct expense summary Add lines	4 through 9 ın column (d	)		72,596
	11 Net income summary Subtract line	10 from line 3, column (d	)		
ar	<b>t III Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	n answered "Yes" on F	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Keverkie		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
¥ —	1 Gross revenue				
Ses	2 Cash prizes				
Experises	3 Noncash prizes				
<u> </u>	<b>4</b> Rent/facility costs				
3	<b>5</b> Other direct expenses				
		┌ Yes%_	┌ Yes %	<b>☐ Yes</b> %	
		│		☐ No	
	<b>6</b> Volunteer labor	1.10	<b>"</b>		
	<ul><li>Volunteer labor</li><li>Direct expense summary Add lines</li></ul>		)		
		2 through 5 in column (d	·		
9 a	7 Direct expense summary Add lines	2 through 5 in column (d act line 7 from line 1, col ation conducts gaming ac	umn (d)		Yes No
	7 Direct expense summary Add lines 8 Net gaming income summary Subtra Enter the state(s) in which the organization licensed to conduct If "No," explain	2 through 5 in column (d act line 7 from line 1, col ation conducts gaming ac gaming activities in eac	umn (d)		
a	7 Direct expense summary Add lines  8 Net gaming income summary Subtrace  Enter the state(s) in which the organization licensed to conduct  If "No," explain	2 through 5 in column (dect line 7 from line 1, column tition conducts gaming activities in each	umn (d)		
a	7 Direct expense summary Add lines  8 Net gaming income summary Subtra  Enter the state(s) in which the organization licensed to conduct  If "No," explain	2 through 5 in column (dect line 7 from line 1, column tition conducts gaming activities in each	umn (d)		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493087007317 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Energy Outreach Colorado 74-2543881 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 107 

Schedule I (Form 990) 2015

Payment of utilites for low-income	families		,			
Part IV Supplemental I	nformat	ion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation	on				

				1							
Part IV	Supplemental 1	Informat	tion. Provide the infor	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.				
Return Refer	rence	Explanation	ion								
Part I, Line 2		with using question, database	Energy Outreach Colorado (EOC) distributes funds to a network of agencies around the state for utility bill payment assistance. Each agency is charged with using the funds specifically for heating or heating related utilities. The funds are not given to individual clients but directly to the utility vendor in juestion, in addition, EOC maintains an on-line database where agencies must enter client data immediately when the client receives assistance. This latabase collects details of clients' name, address, demographic information, income data, housing data, and utility vendor information. The program pagager checks on a regular basis to see that funding is being distributed to the relevant vendors. Each client may only receive assistance once during								

the agency must pay for the bill with other than EOC's grant funds

Page **2** 

## **Additional Data**

7190 Colorado Blvd 6th Floor Commerce City, CO 80022

Advocates Against Domestic

Assault

PO Box 696 Trinidad, CO 81082 74-2285205

Software ID: Software Version:

**EIN:** 74-2543881

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Name: Energy Outreach Colorado

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ACS Community LIFT 52-0643037 501c3 72,197 Energy assistance for 5045 W 1st Ave agency clients Denver, CO 80219 Adams County Housing 84-0701701 N/A 84,316 Energy assistance for Authority agency clients

39,055

Energy assistance for

agency clients

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 84-1220644 501c3 94,742 Almost Home Energy assistance for 231 N Main St agency clients . . . . . . . . . . . . v assistance for

Brighton, CO 80601					
Aurora Interfaith Community Services 1553 Clinton St Aurora,CO 80010	51-0152735	501c3	78,110		Energy agency

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Longmont, CO 80501

v clients N/A 5,294 Boulder County Department of 84-6000748 Energy assistance for Housing and Human Services agency clients 515 Coffman St Suite 100

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 74-2442032 501c3 10.737 Boulder County AIDS Project Energy assistance for 2118 14th St agency clients Boulder, CO 80302 Brain Injury Association of 84-0893049 50163 18 148 Energy assistance for clients

Diaminifully Association of	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	30103	10,170		Lucia A
Colorado					agency o
1385 S Colorado Blvd Bldg A					
Ste 606					
606					
Denver, CO 80222					

30,896

Energy assistance for

agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Littleton, CO 80120

Broadway Assistance Center

1449 W Littleton Blvd 100

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Catholic Charities and 84-0686679 501c3 57,392 Energy assistance for Community Services of the agency clients Archdiocese of Denver - La 460 Linden Center Dr e for

(e) A mount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

agency clients

Fort Collins, CO 80524					
Catholic Charities and Community Services of the Archdiocese of Denver - We 1442 N 11th Ave Greeley,CO 80631	84-0686679	501c3	141,873		Energy assistance for Agency clients
Catholic Charities and	84-0686679	501c3	152,793		Energy assistance for

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

Community Services of the

Archdiocese of Denver Inc.

4045 Pecos St Denver, CO 80211 **(b)** EIN

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Catholic Charities and 84-0686679 501c3 48.819 Energy assistance for Community Services of the agency clients Archdocese of Denver Inc. 1004 Grand Ave

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

Glenwood Springs, CO 81601					
Catholic Charities of the Diocese of Pueblo 429 W 10th St Pueblo, CO 81003	84-0471001	501c3	214,802		Energy assistance for agency clients

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

Georgetown, CO 80444

**(b)** EIN

501c3 22,674 84-6000751

Clear Creek Dept of Human Energy assistance for Services agency clients PO Box 2000

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Colorado East Community 84-0830367 501c3 27,235 Energy assistance for clients

assistance for

Energy assistance for Agency clients

Action Agency PO Box 1214					agency clients
_Limon,CO 80828					
Community Budget Center 555 Yampa Ave	84-0799337	501c3	57,237		Energy assistand

47,906

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

84-0602837

Craig, CO 81625 Community Ministry

1755 S Zuni St Denver, CO 80223

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 84-1157057 501c3 27,863 Community Partnership Energy assistance for Family Resource Center agency clients 11115 Hwv 24 Suite 2D

agency clients

Divide, CO 80814					
Community of Caring 166 E Bennett Ave Cripple Creek, CO 80813	84-1481309	501c3	31,244		Energy assistance for agency clients
Community United Methodist	84-0834611	501c3	11,160		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Church of Pagosa Springs

Pagosa Springs, CO 81147

PO Box 300

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 84-0861984 501c3 48,819 Cooperating Ministries of Energy assistance for agency clients Logan County 230 N 10th Ave Starling CO 80751 ssistance for lients

agency clients

Crossroads Ministry of Estes Park PO Box 3616 Estes Park,CO 80517	74-2465229	501c3	12,714		Energy assistance for agency clients
Crowley County Dept of	84-6000757	N/A	11,696		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Human Services

603 Main St Ste 2 Ordway, CO 81063

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 84-1568837 501c3 27,619 Denver Indian Family Energy assistance for Resource Center agency clients 7596 W Jewell Ave Suite 305 Lakewood CO 90222 assistance for clients

Agency clients

Lakewood, CO 80232					
Denver Indian Health and Family Services 1633 Fillmore St Suite GL1 Denver, CO 80206	84-0724261	501c3	54,048		Energy assistance for agency clients
Denver Public Schools Office		501c3	35,000		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

of FamComm Engagement 1860 Lincoln St 10th Floor Denver, CO 80203

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 84-0935955 501c3 243,799 Denver Urban Matters Energy assistance for 1717 F Colfax Ave agency clients Danuar CO 00210 ssistance for

Deliver, CO 80218				
Discover Goodwill of Southern and Western Colorado PO Box 39200 Colorado Springs, CO 80949	501c3	158,293		Energy assistand agency clients

68,319

Energy assistance for agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Douglas Elbert Task Force

Castle Rock, CO 80109

1638 Park St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Emergency Family Assistance 84-0454115 501c3 96,742 Energy assistance for Accordation lagency clients

1575 Yarmouth Ave Boulder, CO 80304					agency che
Empowerment Program	74-2377531	501c3	9,125		Energy ass

1000 TOIK SI

ssistance for agency clients Denver, CO 80206

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Evergreen Christian Outreach 74-2539728 501c3 29,753

27640 Highway 74

Energy assistance for agency clients Evergreen, CO 80437

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Families Forward Resource 84-1493585 501c3 48,819 Energy assistance for agency clients Center PO Box 39941 Denver, CO 80239 Energy assistance for agency clients

Energy assistance for

agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Family and Intercultural	84-1252900	501c3	7,666	
Resource Center				
PO Box 1636				
Silverthorne, CO 80498				
Family Resource Center of the	84-4601222	501c3	12,628	

Roaring Fork School District

Carbondale, CO 81623

PO Box 1833

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) First Mennonite Church of 84-0616328 501c3 44.779 Energy assistance for agency clients Denver ssistance for lients

430 W 9th Ave Denver, CO 80204					
First Presbyterian Church of Salida 7 Poncha Blvd Salida,CO 81201	84-0896024	501c3	27,083		Energy ass agency clie

21,483

Energy assistance for

agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

First United Methodist Church

of Cortez

515 Park Ave Cortez, CO 81321

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) First United Methodist Church 84-1062071 501c3 15,922 Energy assistance for of Dove Creek agency clients PO Box 628

Dove Creek, CO 81324					
Focus Points Family Resource Center 2501 E 48th Ave	84-1353944	501c3	22,903		
Donuer CO 90316					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6850 Federal Blvd Denver, CO 80221

Denver, CO 80216

Energy assistance for lagency clients Goodwill Industries of Denver 84-0405513 501c3 19,528 Energy assistance for

agency clients

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 20-0064007 501c3 220,260 Grand Valley Catholic Energy assistance for agency clients Outreach 245 S 1st St Grand Junction CO 81501 sistance for

Grand Juniculon, CO 01301					
GunnisonHinsdale County	84-6000770	N/A	14,446		Energy assistant
DHS					agency clients
225 N Pine St Ste A					
Gunnison,CO 81230					

23,524

Energy assistance for

agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

House of Neighborly Service

1511 E 11th St Ste 100

Loveland, CO 80537

**(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 84-6131882 501c3 94,535 Inter-Church Arvada Energy assistance for Resource for MinistryService Agency clients 9100 Poleton Rd Custo 121

(a) Description of

Arvada, CO 80002					
Integrated Family Community Services 3370 S Irving St Englewood, CO 80110	84-0579740	501c3	43,784		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

8755 W 14th Ave Lakewood, CO 80215

Energy assistance for agency clients leffco Action Center dba The 23-7019679 501c3 117,902 Energy assistance for Action Center agency clients

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Jeffco Action Center Inc dba 23-7019679 501c3 6,535 Energy assistance for agency clients the Action Center - Betty Poctor sistance for

agency clients

8755 W 14th Ave Lakewood, CO 80215					
La Junta Associated Charities 517 Colorado Ave La Junta,CO 80150	84-0865084	501c3	16,601		Energy assistance for agency clients
La Llave Family Resource	90-0441785	501c3	60,006		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Center PO Box 508 Alamosa, CO 81101

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) La Plata Family Centers 501c3 43,820 84-0988937 Energy assistance for agency clients Coalition PO Box 2451 v assistance for

agency clients

Durango, CO 81301					
La Puente Home PO Box 1235 Alamosa,CO 81101	74-2224631	501c3	26,340		Energy assistance for agency clients
Larımer County Department of	84-6000779	N/A	5,950		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Human Services 1501 Blue Spruce Dr Fort Collins, CO 80525

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Las Animas Helping Hands 501c3 40,179 83-0460302 Energy assistance for PO Box 576 agency clients Las Animas, CO 81054 23,589 Energy assistance for

11,130

agency clients

Energy assistance for agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Lift-Up of Routt County 2125 Curve Ct Steamboat Springs, CO 80487	84-1385379	501c3	
Lupus Foundation of Colorado	84-0763686	501c3	

7853 E Arapahoe Ct Ste

Centennial, CO 80112

3100

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501c3 11,743 MADA 84-0616860 Energy assistance for 17 N 6th St agency clients Montrose, CO 81401 501c3 30,245 84-1093341 Energy assistance for

439,363

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Mercy's Gate PO Box 26416 Colorado Springs, CO 80936

84-6116951

Metro Caring

1100 E 18th Ave

Denver, CO 80218

agency clients

Energy assistance for Agency clients

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501c3 55,031 Morgan County Family Center 84-1319815 Energy assistance for 411 Main St Ste 100 agency clients Fort Morgan, CO 80701

agency clients

501c3 24,878 Mountain Family Center 74-2446390 PO Box 638 Granby, CO 80446

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 425

Conifer, CO 80433

Energy assistance for agency clients Mountain Resource Center 84-1178699 501c3 59,381 Energy assistance for

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment other) assistance National MS Society Colorado 13-5661935 501c3 16,627 Energy assistance for and Wyoming Chapter agency clients 900 S Broadway Ste 250 Denver, CO 80209

Energy assistance for

agency clients

OUR Center 74-2448346 501c3 23,953 Energy assistance for Agency clients 303 Atwood St

16,251

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

N/A

84-6000793

Lonamont, CO 80501 Phillips County DSS

127 F Denver St Ste A

Holyoke, CO 80731

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Pinon Project 84-1284735 501c3 48,456 Energy assistance for PO Box 1510 agency clients sistance for

agency clients

Cortez,CO 81321					
Prairie Family Center 372 14th St Burlington, CO 80807	84-1355666	501c3	17,912		Energy assistance for agency clients
Prowers County Department	84-1132868	N/A	19,500		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

of Social Services PO Box 1157

Lamar, CO 81052

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 84-0933888 501c3 68,346 Energy assistance for REACH Pikes Peak agency clients PO Box 2468 Colorado Caringo CO 00003 ssistance for

Colorado Springs, CO 80903					
RISE PO Box 336976 Greeley,CO 80631	20-2933936	501c3	82,420		Energy assistance for agency clients
Rural Communities Resource Center	84-0959903	501c3	54,731		Energy assistance for agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Center PO Box 284

Yuma, CO 80759

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501c3 14,538 The Salvation Army - Denver 94-1156347 Energy assistance for 1370 Pennsylvania Ave agency clients Danuar CO 90303 assistance for clients

Energy assistance for

agency clients

Deliver, CO 80203					1
Sara Brown Memorial Fund PO Box 18007 Golden,CO 80402	84-6033394	501c3	24,409		Energy as agency cli
					$\overline{}$

151,098

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Senior Assistance Center

2839 W 44th Ave

Denver, CO 80211

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Senior Support Services 84-0801612 501c3 63,192 Energy assistance for 846 E 18th Ave agency clients ssistance for

lagency clients

Denver, CO 80218					
Seniors' Resource Center 3227 Chase St Wheat Ridge, CO 80212	84-0877538	501c3	64,681		Energy assistance for agency clients
Sister Carmen Community	84-0820308	501c3	69,806		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Center

655 Aspen Ridge Dr Lafavette, CO 80026

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 84-0561399 501c3 53,329 South Central Council of Energy assistance for agency clients Governments 300 Bonaventure Ave

Energy assistance for

agency clients

Trinidad, CO 81082					
St Vincent de Paul Society Particular Council of Denver 2250 S Harrison St	84-6032037	501c3	156,220		Energy as agency c

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 38516

Colorado Springs, CO 80937

assistance for clients Denver, CO 80210 The Home Front Cares Inc. 20-0564493 501c3l 46,213

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Tri-County Family Center 84-1310636 501c3 24,409 Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Health and Human Services

515 Coffman St Suite 100 Longmont, CO 80501

512 1/2 N Main Street Rocky Ford, CO 81067					agency clients
Xcel Energy 1800 Larımer Denver,CO 80202	84-1393401	N/A	2,311,185		Energy assistance for agency clients
Boulder County Dept of	84-6000748	N/A	38,429		Energy assistance for

agency clients

(h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Brothers Redevelopment 501c3 1.263 84-0615347 Energy assistance for 2250 Faton St Garden level agency clients Ct - D

(e) Amount of non- (f) Method of valuation

(a) Description of

Energy assistance for agency clients

Denver, CO 80204					
Children's Hospital 13123 E 16th Avenue Aurora.CO 80045	84-0166760	501c3	2,615		Energy assistance for agency clients

8,712

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

(c) IRC section

(a) Name and address of

Colorado Health Network

2490 W 26th Ave Ste 300A Denver, CO 80211

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Custer County Dept of Human 84-6000758 501c3 12,961 Energy assistance for Services agency clients PO Box 929 assistance for

agency clients

Westcliffe, CO 80252					
Delta Family Center 822 Grand Ave Delta,CO 81416	84-6002820	501c3	12,371		Energy assistance for agency clients
Delta United Methodist	84-6028530	501c3	18,233		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Church

477 Meeker St Delta, CO 81416

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Discover Goodwill 01-0633766 501c3 323,855 Energy assistance for PO Box 39200 agency clients Colorado Springs, CO 80949 Energy assistance for agency clients

Energy assistance for agency clients

Fremont County Family Center PO Box 2080	84-0618871	501c3	16,203		
Canon City, CO 81212					
Housing Solutions for the	84-0853925	501c3	19.981		

Southwest 295 Girard St Durango, CO 81303

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Jefferson Center for Mental 84-0474717 501c3 636 Energy assistance for Health agency clients 70 Executive Center 4851 Independen v assistance for

e St Wheat Ridge, CO 80033					
La Puente Home PO Box 1235 Alamosa,CO 81101	74-2224631	501c3	138,190		Energy assistanc agency clients
		·			

40,330

Energy assistance for

lagency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Larimer County Department of

1501 Blue Spruce Dr Fort Collins, CO 80525

Human Services

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Loaves & Fishes Minitries 84-1050917 501c3 46,957 Energy assistance for ents sistance for

agency clients

241 Justice Center Road Canon City, CO 81212					agency clients
Parker Task Force 19105 Longs Way Parker,CO 80134	74-2494265	501c3	21,098		Energy assistance for agency clients
Prowers County Department	84-1132868		13,429		Energy assistance for

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

of Human Services

PO Box 1157 Lamar, CO 81052

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Salvation Army - Denver 501c3 4,447 94-1156437 Energy assistance for 1370 Pennsylvania Ave lagency clients ssistance for

Denver, CO 80203					
Salvation Army - Fountain Valley 901 N Santa Fe Ave Ste 5	84-0402712	501c3	23,068		Energy assistand agency clients

14,888

Energy assistance for

agency clients

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Fountain, CO 80817

Salvation Army - Pueblo

520 W 13th St

Pueblo, CO 81003

(h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Salvation Army - Vail Valley 94-1156347 501c3 33.066 Energy assistance for PO Box 2183 lagency clients

(e) Amount of non- (f) Method of valuation

(a) Description of

Energy assistance for

agency clients

Edwards, CO 81632					agency enems
Sedgwick County Economic Development 100 W 2nd St Julesburg, CO 80737	84-1004883	501c3	5,839		Energy assistance for agency clients

18,362

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

(d) A mount of cash

(c) IRC section

(a) Name and address of

The Family CenterLa Familia

Fort Collins, CO 80524

309 Hickory St 5

**(b)** EIN

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 501c3 19,493 Tri-Lakes Cares 74-2501356 Energy assistance for PO Box 1301 agency clients Energy assistance for

Monument, CO 80132 501c3 17,746 West End Family Link Center 84-1611156 PO Box 602 agency clients Nucla, CO 81424

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Work Life 47-1331690 501c3 3,362 Energy assistance for 99 Inca St agency clients Denver, CO 80223

**Compensation Information** 

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

▶ Attach to Form 990.

2015

OMB No 1545-0047

DLN: 93493087007317

Open to Public

,		
nternal F	Revenue	Ser
Name	of the	org

Department of the

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

terr	nal Revenue Service				rusb	2010	n
	me of the organization			Employer identification	on nui	nber	
Ene	ergy Outreach Colorado			74-2543881			
Pa	rt I Questions Regarding Compensation						
						Yes	No
La	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pr						
	First-class or charter travel	$\Gamma$	Housing allowance or residence fo	r personal use			
	Travel for companions	$\Box$	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initia	tion fees			
	Discretionary spending account		Personal services (e g , maid, cha	uffeur, chef)	l I		
b	If any of the boxes in line 1a are checked, did the organize reimbursement or provision of all of the expenses describ				1b		
2	Did the organization require substantiation prior to reimbudirectors, trustees, officers, including the CEO/Executive				2		
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that apused by a related organization to establish compensation	pply	Do not check any boxes for metho	ds			
	▼ Compensation committee		Written employment contract				
	✓ Independent compensation consultant	<b>✓</b>	Compensation survey or study				
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compens	ation committee	l I		
1	During the year, did any person listed on Form 990, Part vor a related organization	t VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control paym	ment	?		4a		No
b	Participate in, or receive payment from, a supplemental n	nonq	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based of	com	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	e the	e applicable amounts for each item	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s mus	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of			any			
а	The organization?				5a		No
b	Any related organization?				5b		No
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 67 If "Yes," descri	,		on-fixed	7		Νo
3	Were any amounts reported on Form 990, Part VII, paid of subject to the initial contract exception described in Regular Part III		•		8		No
•	If "Yes" on line 8, did the organization also follow the rebusection 53, 4958-6(c)?	butta	ible presumption procedure describ	ed in Regulations	۰		110

(A) Name and Title		( <b>B)</b> Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1	(E) Total of columns		
		Base (1) compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred benefits compensation	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990		
Sanders Arnold     Executive Director	(i)	219,173	71,823	0	21,200	15,624	327,820	0	

(ii)

2 Jennifer Gremmert 159,605 30.680 15.415 6.180 211.880

Schedule J (Form 990) 2015

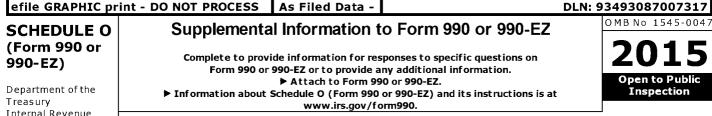
Deputy Director

(ii)

Schedule J (Form 990) 2015

Return Reference	Explanation	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Part III Supplemental Information		
Schedule J (Form 990) 2015		

Schedule J (Form 990) 2015



Service

Name of the organization

990 Schedule O, Supplemental Information

Employer identification number

Return Reference Explanation

Form 990, Part VI, Section A, line 2

Form 990, Part VI, Section More Sunderhuse completed his board term through May 2016

Form 990, Part VI, Section A, line 8b

Not Applicable No board committees have the "authority to act on behalf of the governing body"

Return Reference Explanation

Form 990, Part VI, Section Form 990 is reviewed in detail by the organization's Audit Committee and subsequently delivered to all members of

990 Schedule O, Supplemental Information

B, line 11	the Board of Directors for review and approval prior to submittal to the IRS
*	At the September board meeting, the Board Members fill out new Conflict of Interest Policy forms and notify the Executive Director and the Board of any conflicts during the fiscal
	year

990 Schedule O, Supplemental Information Return

	Explanation
)	

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

Reference Form 990. Part

VI. Section B.

Form 990, Part

VI. Section C.

line 19

line 15

services of an independent executive compensation professional to benchmark and recommend appropriate compensation of the Executive Director and Deputy Director are reviewed and approved by the full Board of Directors

Compensation for all employees, other than the Executive Director and Deputy Director, is benchmarked to the Mountain States

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

to the public upon request. Three years' of audited financial statements and IRS Form 990 are available on the organization's website

The organization's governing documents and conflict of interest policy are made available

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference	Explanation
Form 990, Part XII, Line 2c	The organization's oversight process and selection process did not change during the year